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A DAY IN THE LIFE OF PUBLICITY GURU **Clarence Williams**

Plus!
THE INVISIBLE LIFE of **Lesbians in Black Film**

Our Tribute to **Nell Carter & Alberta Hunter**

Vol. 9 No. 1, 2003
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film producer
Lee Daniels
Hollywood Shot Caller

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LETTERS

we feel you!

"I am not 'in the life'... Still, I want to subscribe to Venus because your magazine appears to be cutting edge in concept, issues examined, and content."

Icon Pride

Thank you so much for your article on "The 20 Hottest Black ICONS And Why We Love Them." I learned so much about Halle Berry, Luther Vandross, and Shirley Caesar. And I never knew that Maya Angelou could speak so many different languages! These icons inspire gays, lesbians, and even straight folks in ways we don't often realize. There were so many great people in this article, that it makes me proud to be an African American.

Zenchi Greene Inglewood, CA

Cutting Edge

I am interesting in subscribing to your magazine, however, I am not "in the life" as you put it. I'm also not unduly involved with the interests or priorities of gay people. Venus came to my attention when I was researching a tawdry and tragic incident at Morehouse College that has galvanized the Atlanta social and intellectual community. The untoward incident was the talk of Atlanta and the subject of heated, even impassioned pro-and-con debates at dinner and cocktail parties and in virtually all conversations whatever the venue.

I thought your [online] article on the Morehouse homophobic bat attack was informative and empathetic. It is unfortunate that I cannot subscribe to your magazine, as I should like to, as I understand your readership is restricted to persons of gay persuasion.

Norman E. Hodges Atlanta, GA

Dear Norman,
Although our content is for and about People of African Descent In the Life, we have several long time subscribers who are not gay. Many of our allies, friends, co-workers and family members enjoy receiving and reading Venus. Many major public libraries and Universities across the country also subscribe. In fact, we feel that after the Morehouse incident, Venus should be required reading for the students, faculty and administrative staff at Morehouse.

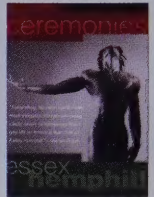
Thank you for recognizing that Venus has something to offer to all people.
Venus Staff

Musical Inspiration

I loved your article detailing the life and times of jazz singer Dee Dee Bridgewater. She is a woman of extraordinary heart and passion. According to your story, she seems to be following an instinctive path of singing, theater arts, and self-intimacy. I am proud to say that her story has inspired me to continue to pursue my own goals as a singer and creative artist. Thanks, Venus!

Jarita Whatley Atlanta, GA

write a letter, get a book



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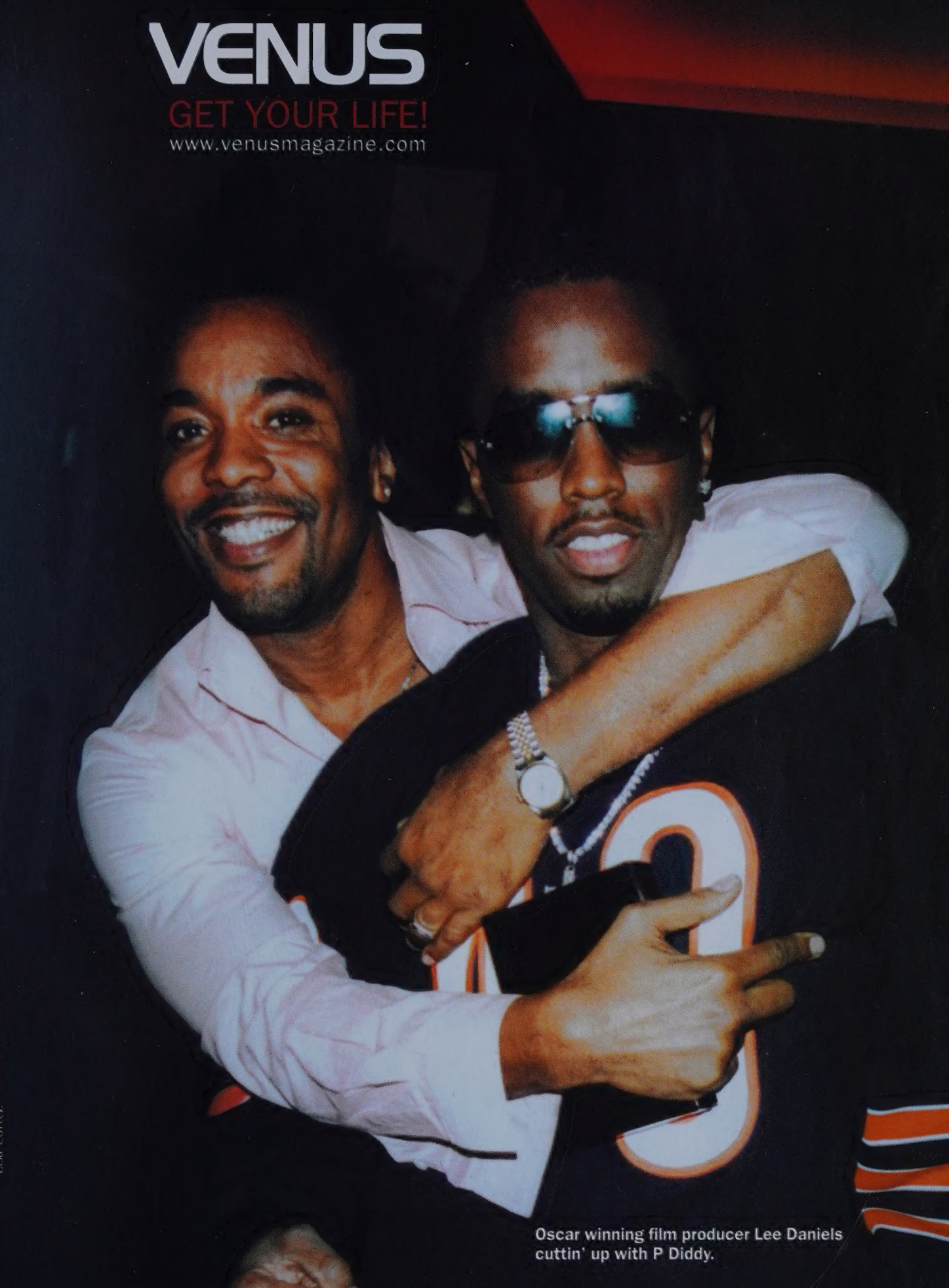
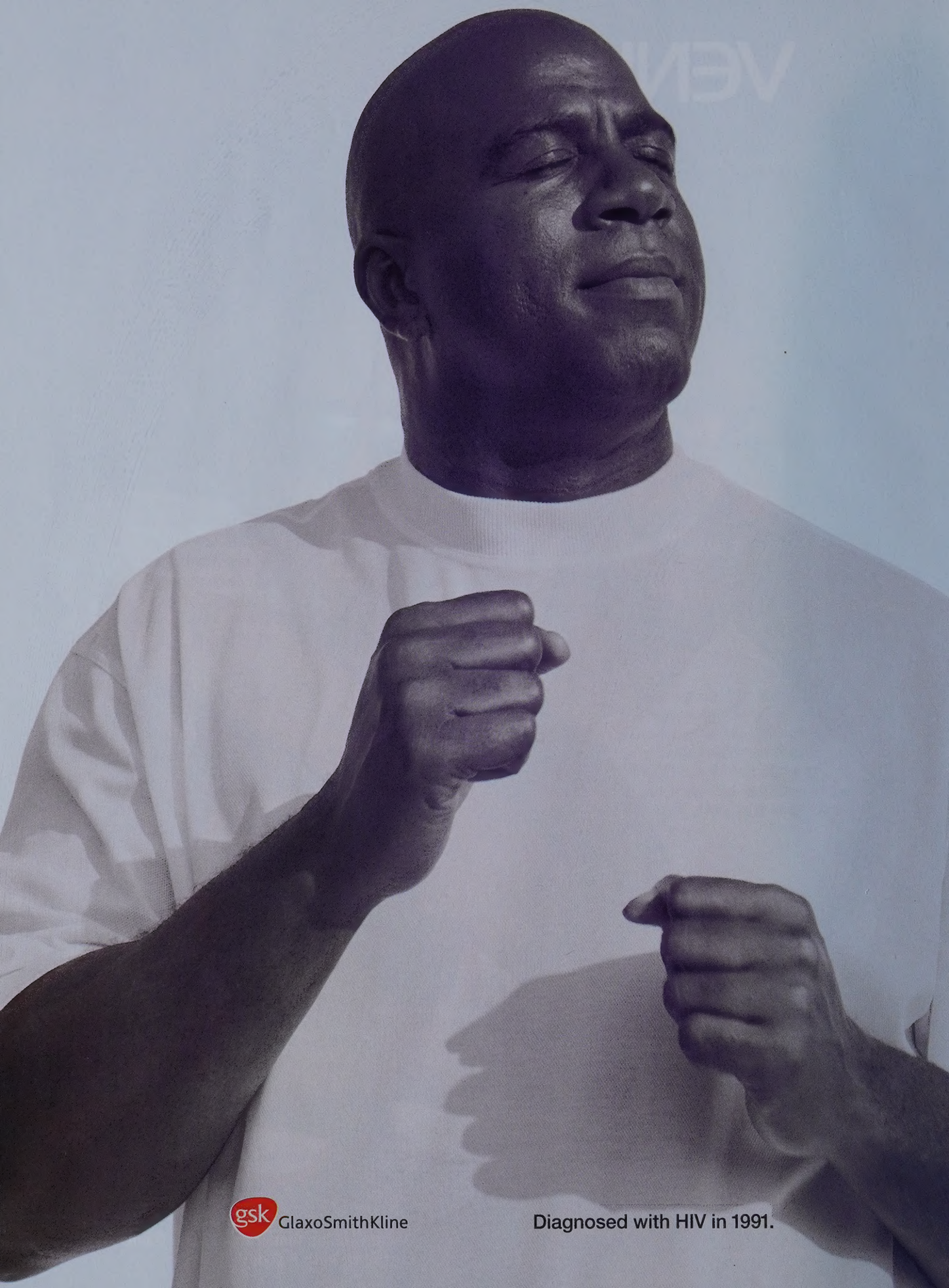


Oscar winning film producer Lee Daniels cuttin' up with P Diddy.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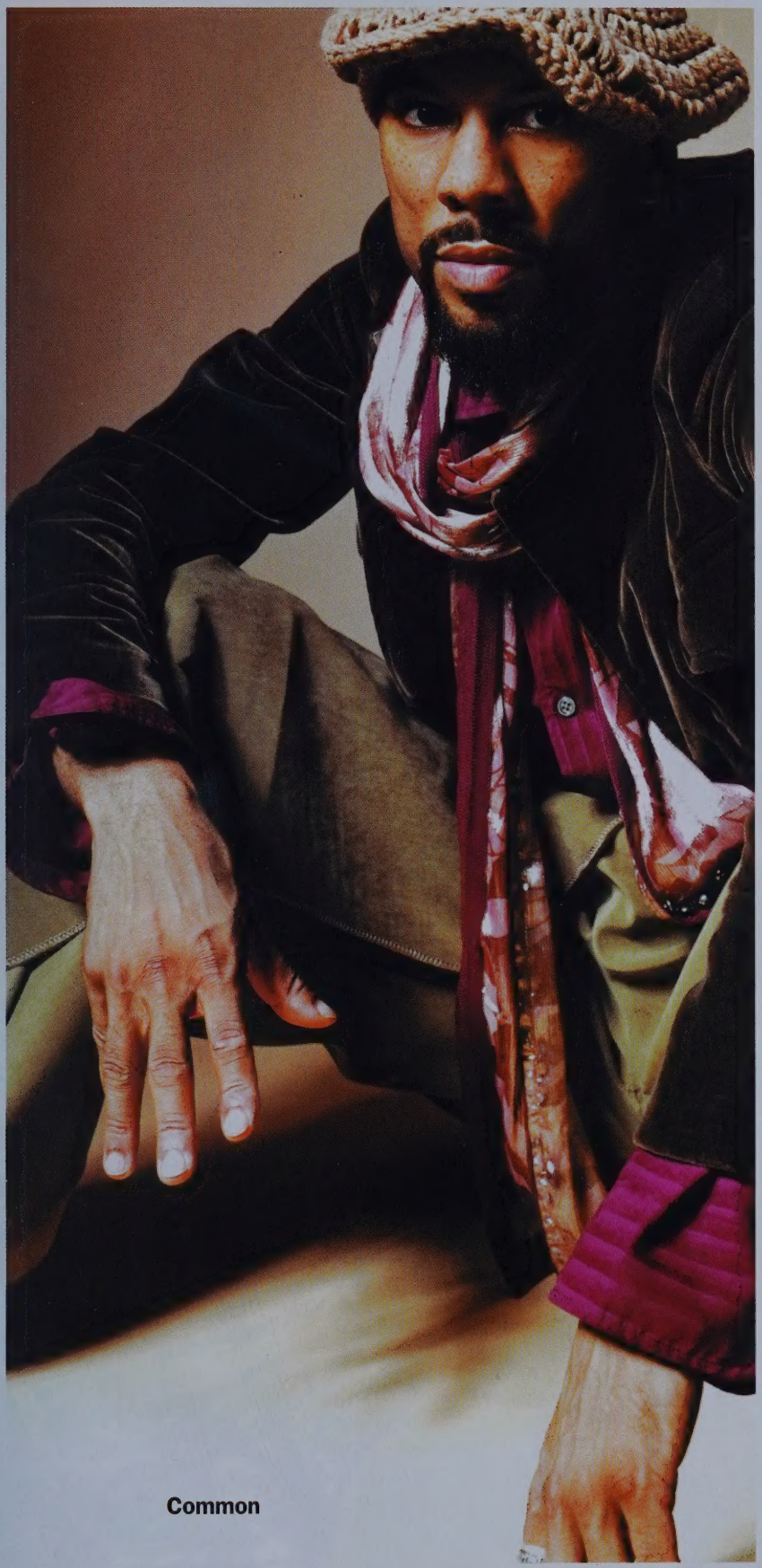

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With all the recent films being marketed toward the Black middle-class, why are lesbian characters nowhere to be found? Why do filmmakers and consumers seem to believe that lesbianism is nonexistent in the Black community? Writer Sara Warn examines the messages these films are sending.

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Spend just 12 hours with entertainment publicist Clarence Williams and you just might lose your mind trying to keep up with his hectic schedule. Venus was up to the challenge and shares a day in the life of the fabulous 'C.W.'

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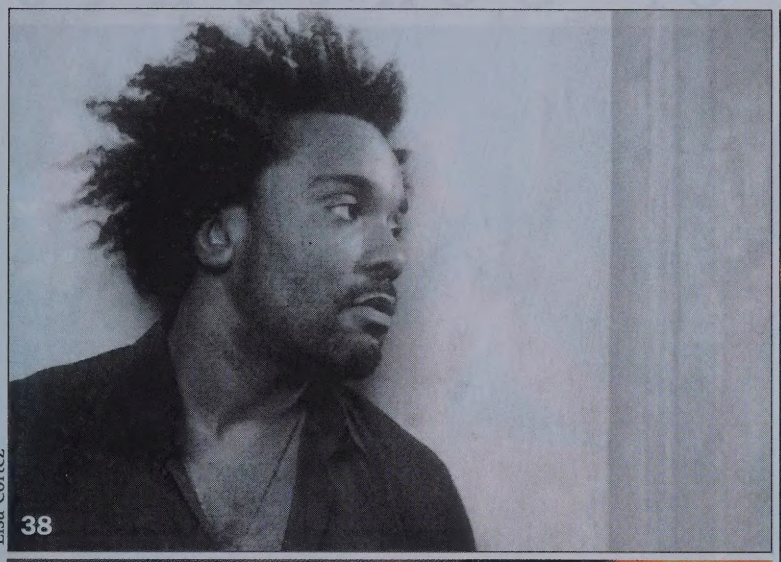

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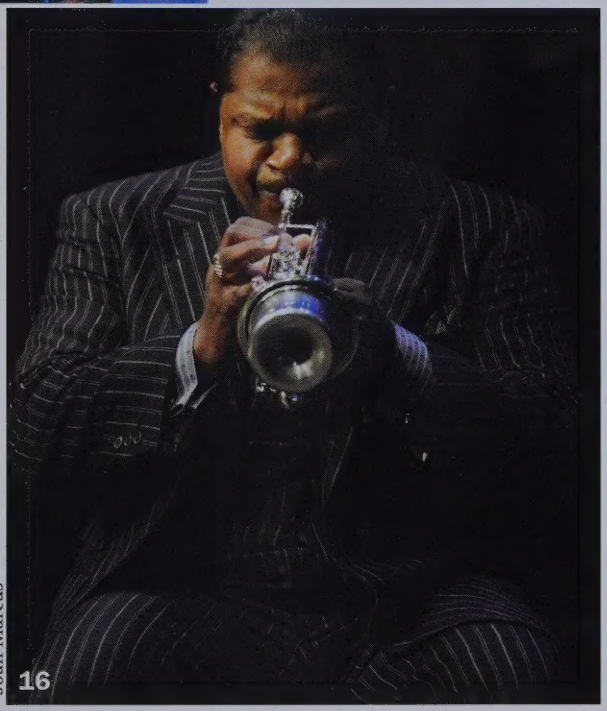

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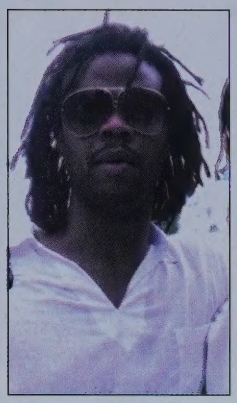
Blues singer Alberta Hunter penned Bessie Smith's "Down Hearted Blues" and performed with Fats Waller, Duke Ellington and Paul Robeson. Venus remembers the lesbian entertainer who wowed audiences the world over.



Malcolm Venable takes you behind the scenes with *Monster's Ball* producer Lee Daniels, in *Shot Caller*, pg. 34. Malcolm is a New York-based writer and artist who contributes frequently to *Venus*. He's also written for publications including *Entertainment Weekly* and *Vibe*, which published his widely popular 2001 story, "A Question of Identity," an in-depth look at the so-called 'homo thug' culture. Malcolm occasionally sneaks away from finishing two works of fiction and a fellowship for journalists of color to have cocktails in not-too-hip nightspots.

Sara Warn blows the lid off the lack of lesbian characters in mainstream films targeted at Black middle-class audiences with her in-depth analysis, *The Invisible Life of Lesbian s in Black Film*, pg. 40. Sarah has an undergraduate degree in Women's Studies from Wellesley College and a Master's in Theological Studies from Harvard University. She is currently the editor of *AfterEllen.com*, which provides reviews and commentary on the representation of lesbian and bisexual women in entertainment and the media. Sarah resides in the greater Seattle area.

Lovonia Mallory attended the 2002 Gay Games in Sydney, Australia and shares a few pages of her unofficial 'trip diary' in her story *Playing the Game* on pg. 48. Lovonia is a competitive power lifter herself and has won silver and gold medals in past Gay Games competitions. She has also been a personal trainer for over 10 years and regularly writes fitness-related articles. Lovonia is the author of a 'lite' soul food cookbook entitled *Luscious Living with Lovonia*. She lives and works in Westchester County, New York.

Tod Roulette examines the life and works of photographer Al Baltrop in *Artful Voyeurism*, pg. 28. Tod's works on film, art and culture have appeared in *OUT, Paper, Poz* and *LGNY*. His essay, "Like the White Girls," was published by Avon books in the anthology *Fighting Words*. He is a Screen Actors Guild member and fine arts gallery curator in Harlem where he lives.

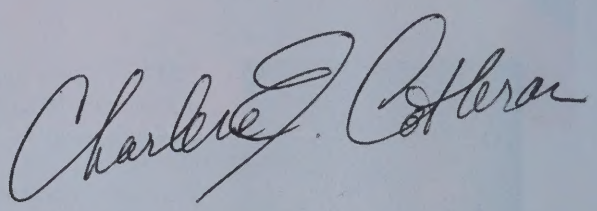
PUBLISHER'S NOTE

Jena Jones

Everyone's seen the Oscar winning Halle Berry in *Monster's Ball* by now but have you met the film's producer? Lee Daniels, one of Hollywood's *finest* and most talented no-nonsense insiders, is apparently unafraid to let folks know what he 'really' thinks. How refreshing. Check out our story, *Shot Caller* on page 34.

The message we get from watching films targeting Black middle class audiences is that lesbians do not exist as a part of black families or friendships. Sara Warn blows the lid off this topic in "The Invisible Life of Lesbians in Black Film," on page 40.

The professional life of a successful and sought-after publicist looks glamorous but is it really? Spend one day in the life of Clarence Williams to see if you can keep up. Check out "The Absolutely Fabulous C. W.," pg. 44. Enjoy!



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Publisher/Editor-in-Chief CHARLENE COTHRAN
Assistant to Publisher Kevin Chamberlain

EDITORIAL

Guest Editor *Michaèl K. Watts*
Copy Editor *C. E. Cothran*
Fashion Stylist *Jerry Jordan Brown*
Contributing Writers *Michael A. Adams, Shira Behiri, Tony D. J. Dodson, Khalid Kamau, Lovonia Mallory, Richard Moultrie, Robert D. Rice, Tod Roulette, Malcolm Venable, Sara Warn, Michael K. Watts*
Photography Cover Courtesy of UrbanWorld Films *Al Baltrop, D'Ambrose Boyd Lisa Cortes, Johnny Crawford, Steven R. Hall, Joan Marcus, Carl McKnight, David Perry, Moses Robinson, Donn Thompson, Stuart van de Zee, Ronnie Wright*

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Whoopi Goldberg and Charles S. Dutton give fiery performances on stage and off

words by Michael K. Watts
image by Joan Marcus

Whoopi Goldberg and Charles S. Dutton have returned to Broadway for the revival of August Wilson's *Ma Rainey's Black Bottom.* The first Broadway revival of any of Wilson's plays, Ma Rainey's is Wilson's first major play that originally opened on Broadway at the Cort Theatre on October 11, 1984. The production received three 1985 Tony Award nominations, including a Best Featured Actor nomination for Dutton, who originated the role of "Levee" in his Broadway debut.

Goldberg plays the role of "Ma Rainey," a grandiose diva and late 1920's jazz singer; Dutton plays Levee, the trumpet player/control freak in Ma Rainey's band. Goldberg and Dutton exude remarkable chemistry on stage as their characters wrestle with musical arrangements, among other things, in a Chicago recording studio. Though well beyond his character's age, Dutton delivers a powerful, highly emotional performance as the 28-year-old Levee. Goldberg isn't exactly a jazz singer, so her musical performances fall severely short (fortunately they are few and brief). However, she makes up for it by bringing her saucy, sharp 'Whoopi' tongue to the role. Together, these hot-headed characters engage in a fiery power struggle, with Levee's pigheaded overzealousness clashing with Ma Rainey's "I say what go" attitude.

But some say this on stage power struggle isn't completely fiction. Before the production could get off the ground, Goldberg and Dutton reportedly clashed with the production's management over several issues. Newspaper reports say that Dutton disagreed on the producers' new interpretation of his character, 'Levee,' hence his original portrayal in 1984. Goldberg, also a producer of Ma Rainey's, reportedly changed her top-billing status twice (Dutton has the larger role), and reportedly had a cast member fired for what she felt was an unsatisfactory performance. Show officials reportedly wanted Dutton to try something new in "Levee," and they reportedly say the cast change was a managerial decision. It seems that the alleged drama behind the scenes could be fueling Goldberg and Dutton's explosive performances on stage. Is this a case of art imitating life, or life imitating art? Or, just plain ol' drama?

Directed by Tony Award nominee Marion McClinton (*King Hedley II*), *Ma Rainey's* takes place over a single day in 1927, in a Chicago recording studio. Singer Ma Rainey has taken some time off from touring to record several songs for a record company with whom she had previously recorded with financial success. Levee, the band's talented and temperamental trumpet player, wants to move beyond his role as Ma Rainey's backup. He aspires to have his own band someday, as he faces the obstacles of developing Black music in the White recording industry. *Ma Rainey's* follows the band's attempts to successfully complete the recording session, despite interpersonal conflicts within the band, Ma Rainey's trouble with the law, and power struggles between Ma Rainey and the record company.

The ninth of Wilson's cycle of plays portraying the Black experience throughout the 20th century, *Ma Rainey's* makes bold statements about the Black man coming into his own in the 1920's. Though making modest strides professionally, he's still beaten down and short-changed by White oppression, and weighed down by the baggage of his past. It's interesting to see how a character like Levee, who is constantly holding on to his manhood and pride to mask his failures, resorts to scapegoating and violence to find his peace. In the 1980's when Ma Rainey's debuted, this same inner turmoil existed among many Black men, and the same holds true today. Despite changes in our cultural circumstances over the decades, Black men today often find themselves in conflict with what society expects of them and/or what fate has dealt them. The resolution often comes in the form of abuse, violence or other excessive behavior.

No stranger to Broadway, Goldberg also serves as an executive producer for the Tony Award-winning Broadway musical *Thoroughly Modern Millie* and the musical *Harlem Song.* Goldberg, who took Broadway by storm in the acclaimed *Whoopi Goldberg, A Funny Thing Happened*, has received Academy, Emmy, Tony, Golden Globe, and NAACP Image Awards.

In addition to his nomination for Ma Rainey's, Dutton also received a Tony Award nomination for his work in Wilson's *The Piano Lesson.* He received an NAACP Image Award for his work on the acclaimed series *ROC*, and an Emmy Award for his direction of the HBO miniseries *The Corner.*

Ma Rainey's Black Bottom runs through June 29, 2003 at the Royale Theatre (242 West 45th Street) in New York. For ticket information, call Tele-charge at 212/239-6200.

hail ma rainey

a farewell to nell

broadway & television's vivacious song bird dies at 54

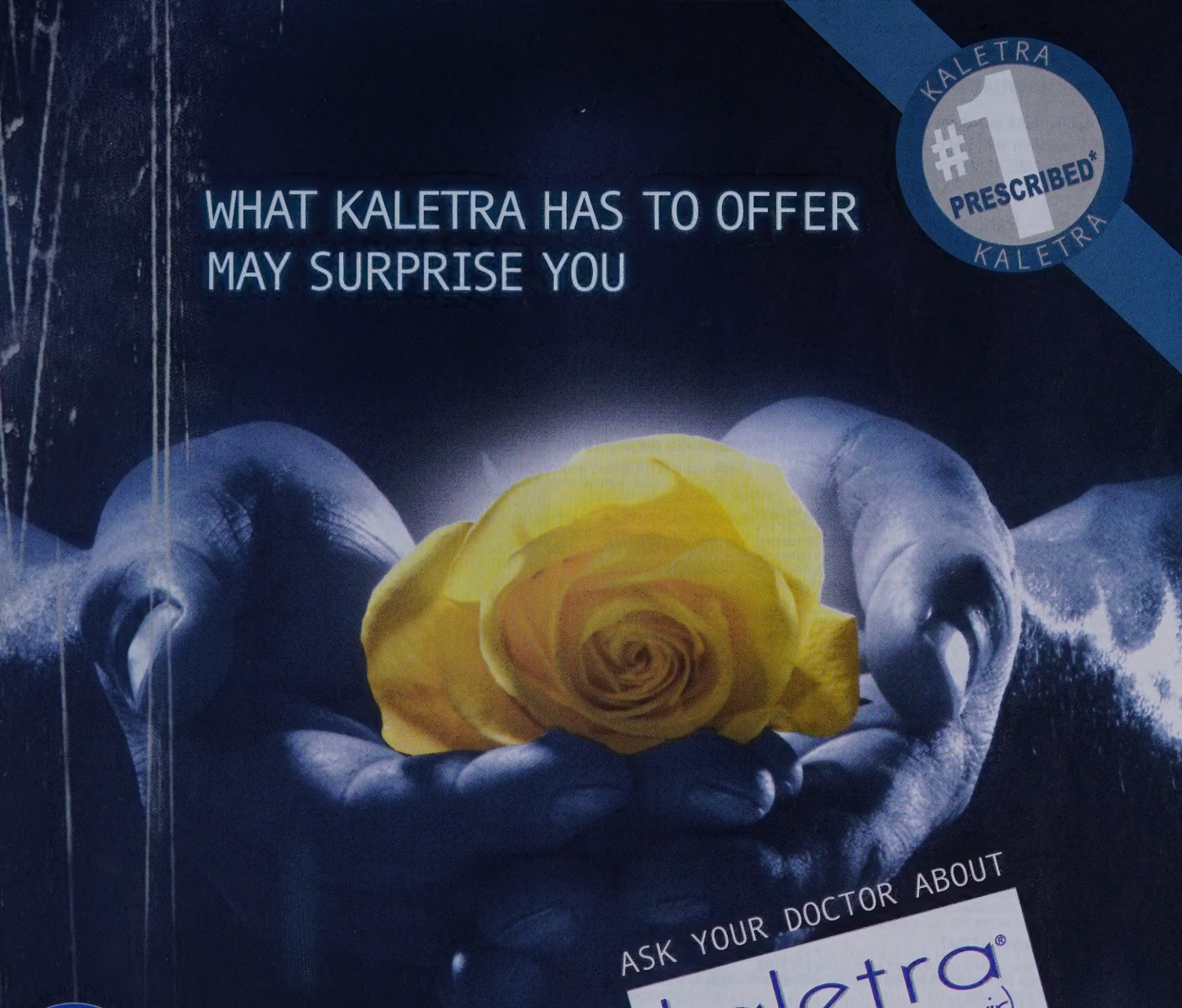
Nell Carter, best known for her Tony Award-winning performance in the Fats Waller musical, *Ain't Misbehavin'*, and a long-running television series, Gimme A Break, died on January 23 at the age of 54. Carter was found collapsed on the floor of her Beverly Hills home by one of her sons. No cause of death has been reported at press time, though the Broadway diva lived with diabetes for many years and had brain surgery to remove an aneurysm in 1992.

Born Nell Ruth Hardy in Birmingham, Ala., Carter grew up singing in coffee houses and later moved to New York to study with renowned acting coach Bill Russell. In 1978 Carter was catapulted to national fame with her show-stopping performance in the Fats Waller Broadway musical, *Ain't Misbehavin'*. That performance won her countless awards including a Tony, and she went on to perform roles in shows like *Hello Dolly!, Hair, Don't Bother Me, I Can't Cope, Jesus Christ Superstar, Black Broadway, Miss Mofflat,* and *Bubbling Brown Sugar.*

Carter's six-year stint as sassy housekeeper Nell Harper on the NBC sitcom, *Gimme a Break*, earned her two Emmy Award nominations. She also appeared in shows like *Ryan's Hope* and *Hangin' with Mr. Cooper*, and won an Emmy for her performance in the television adaptation of *Ain't Misbehavin'*. She also starred in numerous television specials, including The Tony Awards, The Academy Awards, The Golden Globe Awards and The American Comedy Awards. Carter's film credits include *The Grass Harp, The Proprietor, Special Delivery,* and the infamous *Bebe's Kids.*

At the time of her death, Carter was in rehearsals for the International City Theatre production of *Raisin* in Long Beach, Cal. The musical still opened on schedule, with theater veteran Carol Dennis replacing Carter in the role of "Mama." "The news of Nell's transition took my breath away," says Dennis who has starred on Broadway in Street Corner Symphony and Big River. "What a major loss this is to the theatrical family. I am both honored and humbled to have been asked to take on this role. Nell's joyous spirit will be with me and the entire cast for each performance." All performances of the musical were dedicated to Carter's memory.

Surviving Carter are her daughter Tracey, sons Joshua and Daniel, and a host of friends.



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- Do not take KALETRA if you are taking certain medicines. These could cause serious side effects that could cause death. Before you take KALETRA, you must tell your doctor about all the medicines you are taking or are planning to take. These include other prescription and non-prescription medicines and herbal supplements.

For more information about medicines you should not take with KALETRA, please read the section titled "MEDICINES YOU SHOULD NOT TAKE WITH KALETRA."

- Do not take KALETRA if you have an allergy to KALETRA or any of its ingredients, including ritonavir or lopinavir.

Can I take KALETRA with other medications?*

KALETRA may interact with other medicines, including those you take without a prescription. You must tell your doctor about all the medicines you are taking or planning to take before you take KALETRA.

MEDICINES YOU SHOULD NOT TAKE WITH KALETRA:

- Do not take the following medicines with KALETRA because they can cause serious problems or death if taken with KALETRA.
  - Dihydroergotamine, ergonovine, ergotamine and methylergonovine such as Cafergot®, Migranal®, D.H.E. 45®, Ergotrate Maleate, Methergine, and others
  - Halcion® (triazolam)
  - Hismanal® (astemizole)
  - Orap® (pimozide)
  - Propulsid® (cisapride)
  - Rythmol® (propafenone)
  - Seldane® (terfenadine)
  - Tambocor™ (flecainide)
  - Versed® (midazolam)
- Do not take KALETRA with rifampin, also known as Rimactane®, Rifadin®, Rifater®, or Rifamate®. Rifampin may lower the amount of KALETRA in your blood and make it less effective.
- Do not take KALETRA with St. John's wort (hypericum perforatum), an herbal product sold as a dietary supplement, or products containing St. John's wort. Talk with your doctor if you are taking or planning to take St. John's wort. Taking St. John's wort may decrease KALETRA levels and lead to increased viral load and possible resistance to KALETRA or cross-resistance to other anti-HIV medicines.
- Do not take KALETRA with the cholesterol-lowering medicines Mevacor® (lovastatin) or Zocor® (simvastatin) because of possible serious reactions. There is also an increased risk of drug interactions between KALETRA and Lipitor® (atorvastatin); talk to your doctor before you take any of these cholesterol-reducing medicines with KALETRA.

Medicines that require dosage adjustments:

It is possible that your doctor may need to increase or decrease the dose of other medicines when you are also taking KALETRA. Remember to tell your doctor all medicines you are taking or plan to take.

Before you take Viagra® (sildenafil) with KALETRA, talk to your doctor about problems these two medicines can cause when taken together. You may get increased side effects of VIAGRA, such as low blood pressure, vision changes, and penis erection lasting more than 4 hours. If an erection lasts longer than 4 hours, get medical help right away to avoid permanent damage to your penis. Your doctor can explain these symptoms to you.

- If you are taking oral contraceptives ("the pill") to prevent pregnancy, you should use an additional or different type of contraception since KALETRA may reduce the effectiveness of oral contraceptives.
- Efavirenz (Sustiva™) or nevirapine (Viramune®) may lower the amount of KALETRA in your blood. Your doctor may increase your dose of KALETRA if you are also taking efavirenz or nevirapine.
- If you are taking Mycobutin® (rifabutin), your doctor will lower the dose of Mycobutin.
- **A change in therapy should be considered if you are taking KALETRA with:**
  Phenobarbital
  Phenytoin (Dilantin® and others)
  Carbamazepine (Tegretol® and others)
  These medicines may lower the amount of KALETRA in your blood and make it less effective.
- **Other Special Considerations:**
  KALETRA oral solution contains alcohol. Talk with your doctor if you are taking or planning to take metronidazole or disulfiram. Severe nausea and vomiting can occur.
- **If you are taking both didanosine (Videx®) and KALETRA:**
  Didanosine (Videx®) should be taken one hour before or two hours after KALETRA.

What are the possible side effects of KALETRA?

- This list of side effects is **not** complete. If you have questions about side effects, ask your doctor, nurse, or pharmacist. You should report any new or continuing symptoms to your doctor right away. Your doctor may be able to help you manage these side effects.
- The most commonly reported side effects of moderate severity that are thought to be drug related are: abnormal stools (bowel movements), diarrhea, feeling weak/tired, headache, and nausea. Children taking KALETRA may sometimes get a skin rash.
- Blood tests in patients taking KALETRA may show possible liver problems. People with liver disease such as Hepatitis B and Hepatitis C who take KALETRA may have worsening liver disease. Liver problems including death have occurred in patients taking KALETRA. In studies, it is unclear if KALETRA caused these liver problems because some patients had other illnesses or were taking other medicines.
- Some patients taking KALETRA can develop serious problems with their pancreas (pancreatitis), which may cause death. You have a higher chance of having pancreatitis if you have had it before. Tell your doctor if you have nausea, vomiting, or abdominal pain. These may be signs of pancreatitis.
- Some patients have large increases in triglycerides and cholesterol. The long-term chance of getting complications such as heart attacks or stroke due to increases in triglycerides and cholesterol caused by protease inhibitors is not known at this time.
- Diabetes and high blood sugar (hyperglycemia) occur in patients taking protease inhibitors such as KALETRA. Some patients had diabetes before starting protease inhibitors, others did not. Some patients need changes in their diabetes medicine. Others needed new diabetes medicine.
- Changes in body fat have been seen in some patients taking antiretroviral therapy. These changes may include increased amount of fat in the upper back and neck ("buffalo hump"), breast, and around the trunk. Loss of fat from the legs, arms and face may also happen. The cause and long term health effects of these conditions are not known at this time.
- Some patients with hemophilia have increased bleeding with protease inhibitors.
- There have been other side effects in patients taking KALETRA. However, these side effects may have been due to other medicines that patients were taking or to the illness itself. Some of these side effects can be serious.

What should I tell my doctor before taking KALETRA?

- *If you are pregnant or planning to become pregnant:* The effects of KALETRA on pregnant women or their unborn babies are not known.
- *If you are breast-feeding:* Do not breast-feed if you are taking KALETRA. You should not breast-feed if you have HIV. If you are a woman who has or will have a baby, talk with your doctor about the best way to feed your baby. You should be aware that if your baby does not already have HIV, there is a chance that HIV can be transmitted through breast-feeding.
- *If you have liver problems:* If you have liver problems or are infected with Hepatitis B or Hepatitis C, you should tell your doctor before taking KALETRA.
- *If you have diabetes:* Some people taking protease inhibitors develop new or more serious diabetes or high blood sugar. Tell your doctor if you have diabetes or an increase in thirst or frequent urination.
- *If you have hemophilia:* Patients taking KALETRA may have increased bleeding.

How do I store KALETRA?

- Keep KALETRA and all other medicines out of the reach of children.
- Refrigerated KALETRA capsules and oral solution remain stable until the expiration date printed on the label. If stored at room temperature up to 77°F (25°C), KALETRA capsules and oral solution should be used within 2 months.
- Avoid exposure to excessive heat.

Do not keep medicine that is out of date or that you no longer need. Be sure that if you throw any medicine away, it is out of the reach of children.

General advice about prescription medicines:

Talk to your doctor or other health care provider if you have any questions about this medicine or your condition. Medicines are sometimes prescribed for purposes other than those listed in a Patient Information Leaflet. If you have any concerns about this medicine, ask your doctor. Your doctor or pharmacist can give you information about this medicine that was written for health care professionals. Do not use this medicine for a condition for which it was not prescribed. Do not share this medicine with other people.

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Ref.: 03-5177-R6

Revised: January, 2002

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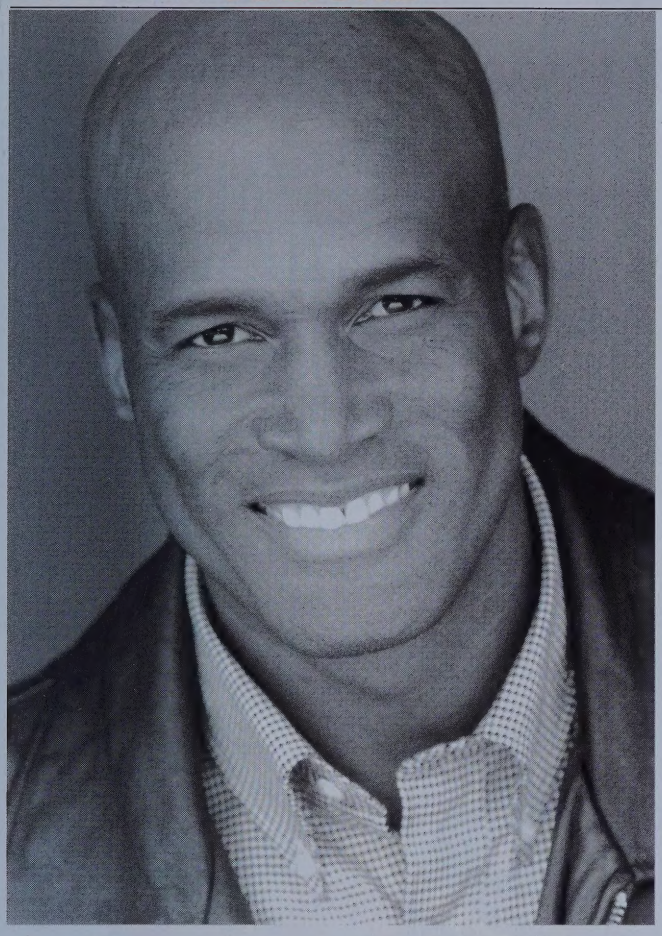

kenny leon creating a moveable feast of national Black theatre

bold! our true colors

When Kenny Leon left his 13-year stint as artistic director for Atlanta's Alliance Theatre Company, theatre insiders predicted he would land wherever his signature sneaker-adorned feet could carry him. Well, he has landed on his own two feet, as co-founder and artistic director of True Colors Theatre Company.

True Colors' mission is clear: to perform "the great works of Negro-American theatre, making sure that powerful classics such as *A Raisin in the Sun* and *The Amen Corner* along with the voices of great writers such as Langston Hughes and Ntozake Shange remain available to new generations of Americans. Bold new interpretations of other classics that speak to our humanity like *Medea* and *Anthony* and *Cleopatra* will run alongside world premieres of works from diverse voices such as Pearl Cleage, August Wilson, Arthur Miller, Regina Taylor, Athol Fugard, Jose Rivera, and Nilo Cruz. True Colors is also committed to fostering new works and new voices, helping to develop those early-career writers who are creating tomorrow's classics today."

True Colors' name "reflects a promise to search for truth and clarity. Truth comes not from focusing on what we look like but rather from examining our true colors-who we are as a country and as individuals. By understanding our true colors, we can better understand each other and how we are to live on the planet together," says Leon.

Based in Atlanta with local and national impact, True Colors plans to partner with institutions in at least three other major cities, including Washington D.C. and New York, and build relationships in those communities that enhance the productions it performs there. Leon plans to work closely with the church community, including choir directors and singers, to enhance the company's productions. In Atlanta, True Colors will present a three-play season at various venues while partnering with local events like the National Black Arts Festival, even after it secures a permanent home. True Colors' first production, Langston Hughes' *Tambourines to Glory*, will open in Atlanta this fall.

Meanwhile, Leon has been busy forming the company's board of directors and advisory panel, and raising funds via a series of star-studded events in Atlanta and Washington D.C. Future goals include attaining and managing a $2.5 million annual budget with no deficit, and building a 400-seat, state-of-the-art theatre in Atlanta with adequate rehearsal space, production facilities, and office space.

black gold in hollywood

a los angeles restauranteur strikes richly with g. garvin's

words by Michael Andre Adams

Crispy & delectable yellowtail fish entry at G. Garvins.

He's the talk of the town from New York to Los Angeles, with Atlanta in between. He's been featured in *The New York Times* and *The Los Angeles Times*--an unprecedented five times in his first year of business!

Who is this busy, early-30's and buffed man with a great smile and the charm to sooth Sybil? Looking like LL Cool J, he's Gerry Garvin, executive chef and owner of G. Garvin's, one of the top five restaurants in Los Angeles, according to *The New York Times*.

G. Garvin's is located on Third Street, just one block east of the Beverly Center, a fashion mecca on the cusp of West Hollywood. If you're driving by, be sure and look for the valet attendants or you're subject to miss it all together. "That's what keeps it under control," explains Garvin.

The interior can best be described as chiche and intimate. Tables to comfortably seat 35 are softly lit by candlelight. A vase of lilies brings poise to the elegant white linen napkins and flatware. A welcoming staff with an occasional visit from the executive chef makes it all very personal and keeps it real.

Born and raised in Atlanta, Ga., Garvin was the only male child of five siblings. He got his start peeling potatoes for his mom to earn his keep. By age 13, he was preparing breakfast by himself. Soon thereafter, Gerry was cooking at the Ritz-Carlton. From there, he was off to New Orleans and San Francisco. Upon his arrival in Los Angeles, he worked for Reign, an upscale soul food eatery then owned by Keyshawn Johnson.

A self-taught epicurean, Garvin has uniquely created a definitely fusion cuisine at G. Garvin's. Mouthwatering appetizers include shitake mushroom, goat cheese ravioli and chicken with chardonnay, garlic and tomatoes. The Santa Barbara shrimp skewers with fresh garlic, lemon butter and new potatoes

getting there:

G. Garvin's 8420 West 3rd Street Los Angeles, Cal. 323/655-3888 One block east of the Beverly Center. Hours, Monday-Saturday, 6-11 p.m. Closed Sunday's. Available for private parties and catering. Gift certificates available. Appetizers $14-18 Salads $12-18 Entrees $21-32

is a favorite of Garvin's. He confesses, "I have it everyday!" If you have an appreciation for Tuna Tar Tar, G. Garvin's Ahi Tuna Tar Tar Salad with baby greens, crispy wontons, served with a soy, sesame and ginger sauce will make you wanna pull a Patti--kick your shoes off and roll! Soups such as potato crab bisque are always du jour.

In the spotlight are entrees categorized by seafood, meat and pasta. Ranging from $21 to $32, they sound familiar to those of us with a flair for fine dining. But to taste is to experience true originality. The grilled & slow roasted dry aged New York steak is served with garlic roasted new potatoes, sautéed baby spinach and a Grand Marnier green peppercorn sauce. Sautéed Pacific red snapper with Maryland crab gratin, sautéed shrimp on garlic-scallion mashed potatoes and chardonnay butter sauce, and Asian tofu with baby vegetables, chili flakes and Ponzu sauce are simply to die for! If you're more into simplicity, the crispy and decilicious yellow-tail fish or oven roasted rosemary and garlic chicken or Too Tender baby back ribs might suit you just fine.

For dessert, the flourless chocolate cake is dense, moist and, well, quite sensual. An expansion now underway will include a bread bakery and patisserie and extended cocktail lounge.

The seafood is usually prepared on the grill or blackened. Allow yourself to be tempted by the fresh and ample daily specials before glancing at the menu. Have an apple martini before you order!

HBO ORIGINAL SERIES

Out narcotics detective Shakima Greggs keeps the streets of Baltimore safer in this critically acclaimed series.

Season 1 Encore, Sundays at 10pm ET/PT, HBO
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See what happens when an otherwise "normal" factory worker reveals his hidden desire for a sex change.

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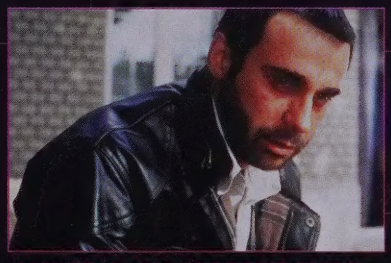
OUTRAGEOUS. OUTSPOKEN.



SEGUNDA PIEL (SECOND SKIN)
THEATRICAL
March, HBO2

THE DEEP END
THEATRICAL
March, HBO2

QUESTIONING FAITH: CONFESSIONS OF A SEMINARIAN
DOCUMENTARY
April, HBO2

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Imagine a world created entirely on your terms. A world comprised of your passions. Your life and loves. Your sense of style. Your perspective. HBO® is just that world, enriched with award-winning original movies, series and documentaries. And, HBO2 allows you to further discover a world inclusive of extraordinary gay and lesbian appeal movies, exclusive specials and more. Come and explore. **It's Outright HBO.**

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SIX FEET UNDER℠

HBO ORIGINAL SERIES

David and Keith's relationship has been one rocky ride, and dealing with their equally dysfunctional families hasn't helped matters.

All New Episodes, Sundays, 9pm ET/PT, HBO

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BLUEPALMS

delicious is innovation under bluepalms

words by Michael Andre Adams

Nestled amidst the hustle and bustle of Los Angeles' La Cienega Boulevard is a charming spot with Southern-style warmth, soul stirring ambiance and lip smacking good food.

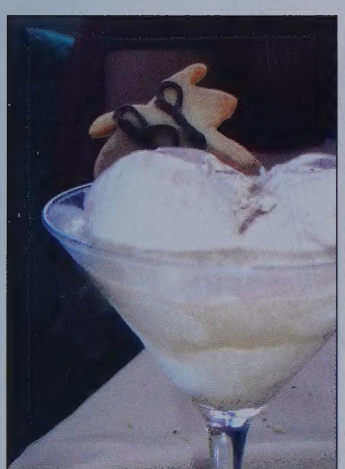
BluePalms, the creation of Thaddeus Hunter Smith, is an artistic compilation of tropical calm and Hollywood pizzazz. From Smith's artwork accenting the walls to the cleverly disguised wine cellar of one-of-a kind classics, BluePalms boasts of cunningly delicious innovation.

This atmosphere served as the backdrop for my fantastic food journey. It began warm blueberry corn muffins, disheveled (deviled) eggs and free-flowing mimosas during Sunday brunch (not to mention original 'breakfast shots' like apple/banana martinis).

Manager Shawn Braley warmly directed me to a comfortable, pillow-cushioned seat. I unfastened my belt to begin my ride. Granola-rolled french toast complete with freshly made strawberry sauce and crème fraiche (just pronouncing crème fraiche made my mouth water); an entré of Crabs Benedict. Ahhhh, I was in heaven. Finally, an L. A. restaurant professing to have crab that actually has real crab.

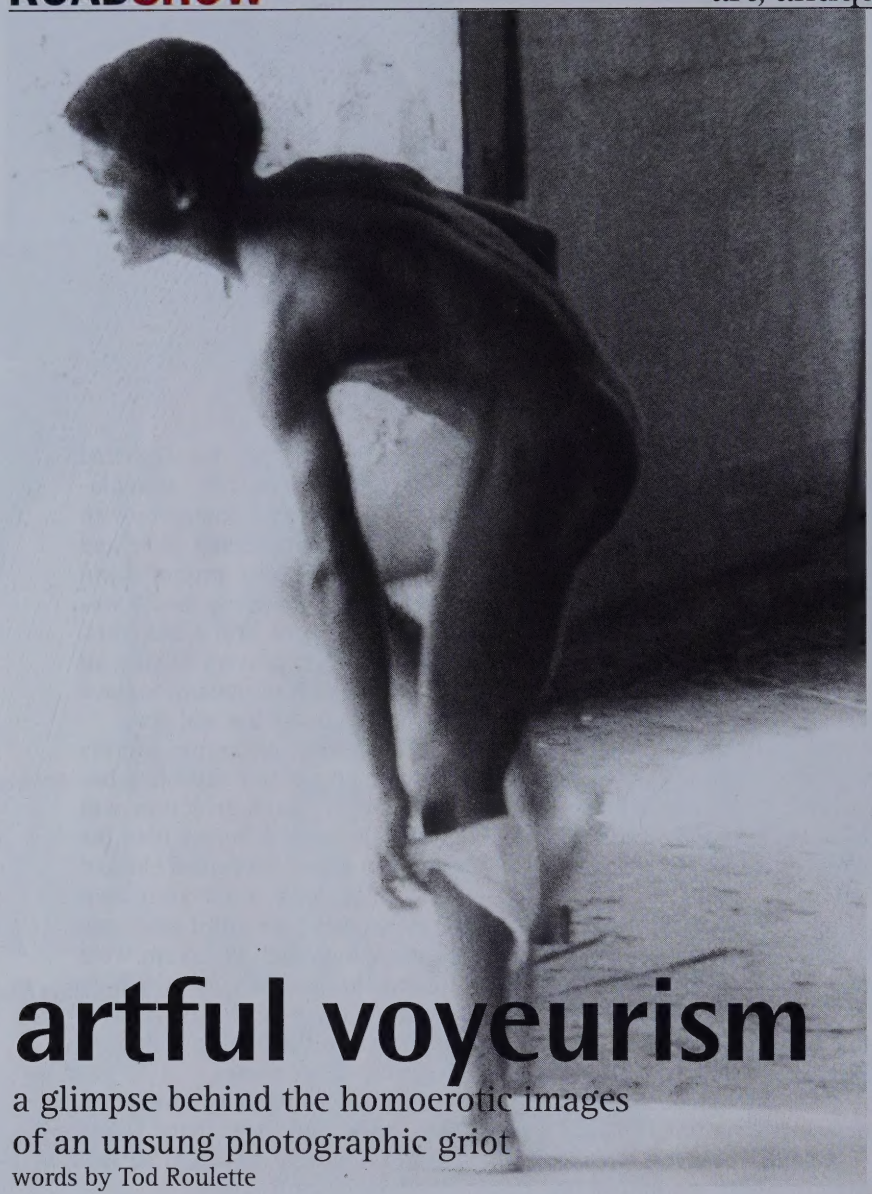
For dessert, pecan pie, vanilla Bean ice cream and chocolate banana crepe. Each selection was more delectably delicious than the next. But what I left behind I longed for: piled high build-your-own omelette, artichoke-filled pasta and cinnamon carmel ice cream were among the designer menu which beckoned my return. And return I shall because these folks know how to please all the senses.

Visit BluePalms and you will feel, see, taste and hear why (from Smith's Southern drawl), "Y'all will return real soon!"



Getting There:

BluePalms Restaurant & Bar
829 N. La Cienega Boulevard
West Hollywood, Cal. 90069
310/652-9007 Just off Santa Monica Boulevard; Cuisine: California eclectic; Hours: Tuesday-Saturday, 6 p.m. until. Sunday Brunch, 11 a.m.- 2:30 p.m. and Dinner, 5:30 p.m. until. Full service bar with special "must taste" martini list. Appetizers $6-10 Entrees $11-25 Desserts $6



artful voyeurism

a glimpse behind the homoerotic images of an unsung photographic griot

words by Tod Roulette

UNTITLED,
CIRCA 1970
WEST VILLAGE PIERS

Al Baltrop is a product of the 1960's, the strange alchemy of civil rights activism and free love. He took hundreds of homoerotic photographs of his fellow Navy men while in his 20's serving in the medic unit. His camera saved him when he followed a southern White Navy bedmate--as in having sex with--to a White bar in town. Baltrop heard someone load a rifle, and he loaded his camera. By the end of the night, all the good ol' boys had their portraits taken, and Baltrop was still alive.

He had his camera at New York City's legendary gay bar Stonewall during one of many police raids. That film (along with male nudes and sex shots) was lost--thrown out by his mother. Baltrop's older brother Bill--also self-taught for the most part--possessed the only legitimate expression of self-love and pride. His ethnocentric watercolors of Blacks with tribal backgrounds, or people from Ghana walking with large umbrellas, hung in places like the Studio Museum in Harlem. But, not only

> "Nobody looks up when they're having sex. That's the last direction you're looking. I'm up there, you're down there. You're getting your nuts off. I'm popping a couple of shots. I'm quiet."

It's Time To Plan Your Future With VIRACEPT®

Because it's strong and effective. Keep your viral load down with the #1 prescribed HIV medication of its kind.* VIRACEPT works with you to keep your life on track.

Because it's easy to live with. VIRACEPT's easy dosing schedule and manageable side effects have been helping all kinds of people continue to lead their lives on their own terms.

Because it saves future options. When choosing a treatment plan, it's important to consider what options you will have in the future. Studies show taking VIRACEPT early on leaves you with choices in treatment for later. Ask your doctor about your future with VIRACEPT.

VIRACEPT®
nelfinavir mesylate
tablets and oral powder

VIRACEPT is indicated in combination with other antiretroviral agents for the treatment of HIV infection. The most common side effect of VIRACEPT is diarrhea, which can usually be controlled with over-the-counter treatments. Some prescription and non-prescription drugs and supplements should not be taken with VIRACEPT, so talk to your doctor first. For some people, protease inhibitors have been associated with the onset or worsening of diabetes mellitus and hyperglycemia, changes in body fat, and increased bleeding in hemophiliacs. **HIV drugs do not cure HIV infection or prevent you from spreading the virus.**

Refer to the important information on the next page. For more information, call toll free 1-888-VIRACEPT or visit www.viracept.com.

*IMS HEALTH National Prescription Audit™ data for Protease Inhibitors, 7/01/01-12/31/01.

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VIRACEPT®

(nelfinavir mesylate)

Tablets and Oral Powder

Information for Patients

about VIRACEPT® (Vi-ra-cept)

Generic Name: nelfinavir (nel-FIN-na-veer) mesylate

For the Treatment of Human Immunodeficiency Virus (HIV) Infection

Please read this information carefully before taking VIRACEPT. Also, please read this leaflet each time you renew the prescription, just in case anything has changed. This is a summary and not a replacement for a careful discussion with your doctor. You and your doctor should discuss VIRACEPT when you start taking this medication and at regular checkups. You should remain under a doctor's care when taking VIRACEPT and should not change or stop treatment without first talking with your doctor.

Alert: Find out about medicines that should NOT be taken with VIRACEPT. Please also read the section "MEDICINES YOU SHOULD NOT TAKE WITH VIRACEPT".

WHAT IS VIRACEPT AND HOW DOES IT WORK?

VIRACEPT is used in combination with other antiretroviral drugs in the treatment of people with human immunodeficiency virus (HIV) infection. Infection with HIV leads to the destruction of CD4 T cells, which are important to the immune system. After a large number of CD4 cells have been destroyed, the infected person develops acquired immune deficiency syndrome (AIDS).

VIRACEPT works by blocking HIV protease (a protein-cutting enzyme), which is required for HIV to multiply. VIRACEPT has been shown to significantly reduce the amount of HIV in the blood. Although VIRACEPT is not a cure for HIV or AIDS, VIRACEPT can help reduce your risk for death and illness associated with HIV. Patients who took VIRACEPT also had significant increases in the number of CD4 cell count.

VIRACEPT should be taken together with other antiretroviral drugs such as Retrovir® (zidovudine, AZT), Epivir® (lamivudine, 3TC), or Zerit® (stavudine, d4T). Taking VIRACEPT in combination with other antiretroviral drugs reduces the amount of HIV in the body (viral load) and raises CD4 counts.

VIRACEPT may be taken by adults, adolescents, and children 2 years of age or older. Studies in infants younger than 2 years of age are now taking place.

DOES VIRACEPT CURE HIV OR AIDS?

VIRACEPT is not a cure for HIV infection or AIDS. People taking VIRACEPT may still develop opportunistic infections or other conditions associated with HIV infection. Some of these conditions are pneumonia, herpes virus infections, *Mycobacterium avium* complex (MAC) infections, and Kaposi's sarcoma.

There is no proof that VIRACEPT can reduce the risk of transmitting HIV to others through sexual contact or blood contamination.

WHO SHOULD OR SHOULD NOT TAKE VIRACEPT?

Together with your doctor, you need to decide whether VIRACEPT is appropriate for you. In making your decision, the following should be considered:

Allergies: If you have had a serious allergic reaction to VIRACEPT, you must not take VIRACEPT. You should also inform your doctor, nurse, or pharmacist of any known allergies to substances such as other medicines, foods, preservatives, or dyes.

If you are pregnant: The effects of VIRACEPT on pregnant women or their unborn babies are not known. If you are pregnant or plan to become pregnant, you should tell your doctor before taking VIRACEPT.

If you are breast-feeding: You should discuss with your doctor the best way to feed your baby. You should be aware that if your baby does not already have HIV, there is a chance that it can be transmitted through breast-feeding. **Women should not breast-feed if they have HIV.**

Children: VIRACEPT is available for the treatment of children 2 through 13 years of age with HIV. There is a powder form of VIRACEPT that can be mixed with milk, baby formula, or foods like pudding. Instructions on how to take VIRACEPT powder can be found in a later section that discusses how VIRACEPT Oral Powder should be prepared.

If you have liver disease: VIRACEPT has not been studied in people with liver disease. If you have liver disease, you should tell your doctor before taking VIRACEPT.

Other medical problems: Certain medical problems may affect the use of VIRACEPT. Some people taking protease inhibitors have developed new or more serious diabetes or high blood sugar. Some people with hemophilia have had increased bleeding. It is not known whether the protease inhibitors caused these problems. Be sure to tell your doctor if you have hemophilia types A and B, diabetes mellitus, or an increase in thirst and/or frequent urination.

Changes in body fat have been seen in some patients taking protease inhibitors. These changes may include increased amount of fat in the upper back and neck ("buffalo hump"), breast, and around the trunk. Loss of fat from the face, legs and arms may also happen. The cause and long-term health effects of these conditions are not known at this time.

CAN VIRACEPT BE TAKEN WITH OTHER MEDICATIONS?

VIRACEPT may interact with other drugs, including those you take without a prescription. You must discuss with your doctor any drugs that you are taking or are planning to take before you take VIRACEPT.

Medicines you should <u>not</u> take with VIRACEPT:

Propulsid® (cisapride, for heartburn)

Cordarone® (amiodarone, for irregular heartbeat)

Quinidine (for irregular heartbeat), also known as Quinaglute®, Cardioquin®, Quinidex®, and others

Ergot derivatives (Cafergot® and others, for migraine headache)

Halcion® (triazolam)

Versed® (midazolam)

Mevacor® (lovastatin, for cholesterol lowering)

Zocor® (simvastatin, for cholesterol lowering)

Taking the above drugs with VIRACEPT may cause serious and/or life-threatening adverse events.

Rifampin® (for tuberculosis), also known as Rimactane®, Rifadin®, Rifater®, or Rifamate®
This drug reduces blood levels of VIRACEPT.

Dose reduction required if you take VIRACEPT with: Mycobutin® (rifabutin, for MAC); you will need to take a lower dose of Mycobutin.

A change of therapy should be considered if you are taking VIRACEPT with:

Phenobarbital

Phenytoin (Dilantin® and others)

Carbamazepine (Tegretol® and others)

These agents may reduce the amount of VIRACEPT in your blood and make it less effective.

Oral contraceptives ("the pill")

If you are taking the pill to prevent pregnancy, you should use a different type of contraception since VIRACEPT may reduce the effectiveness of oral contraceptives.

Special considerations

Before you take Viagra® (sildenafil) with VIRACEPT, talk to your doctor about possible drug interactions and side effects. If you take Viagra and VIRACEPT together, you may be at increased risk of side effects of Viagra such as low blood pressure, visual changes, and penile erection lasting more than 4 hours. If an erection lasts longer than 4 hours, you should seek immediate medical assistance to avoid permanent damage to your penis. Your doctor can explain these symptoms to you.

It is not recommended to take VIRACEPT with the cholesterol-lowering drugs Mevacor® (lovastatin) or Zocor® (simvastatin) because of possible drug interactions. There is also an increased risk of drug interactions between VIRACEPT and Lipitor® (atorvastatin) and Baycol® (cerivastatin); talk to your doctor before you take either of these cholesterol reducing drugs with VIRACEPT.

Taking St. John's wort (hypericum perforatum), an herbal product sold as a dietary supplement, or products containing St. John's wort with VIRACEPT is not recommended. Talk with your doctor if you are taking or are planning to take St. John's wort. Taking St. John's wort may decrease VIRACEPT levels and lead to increased viral load and possible resistance to VIRACEPT or cross resistance to other antiretroviral drugs.

HOW SHOULD VIRACEPT BE TAKEN WITH OTHER ANTI-HIV DRUGS?

Taking VIRACEPT together with other anti-HIV drugs increases their ability to fight the virus. It also reduces the opportunity for resistant viruses to grow. Based on your history of taking other anti-HIV medicine, your doctor will direct you on how to take VIRACEPT and other anti-HIV medicines. These drugs should be taken in a certain order or at specific times. This will depend on how many times a day each medicine should be taken. It will also depend on whether it should be taken with or without food.

Nucleoside analogues: No drug interaction problems were seen when VIRACEPT was given with:

Retrovir (zidovudine, AZT)

Epivir (lamivudine, 3TC)

Zerit (stavudine, d4T)

Videx® (didanosine, ddI)

If you are taking both Videx (ddI) and VIRACEPT:
Videx should be taken without food, on an empty stomach. Therefore, you should take VIRACEPT with food one hour after or more than two hours before you take Videx.

Nonnucleoside reverse transcriptase inhibitors (NNRTIs):

When VIRACEPT is taken together with:

Viramune® (nevirapine)

The amount of VIRACEPT in your blood is unchanged. A dose adjustment is not needed when VIRACEPT is used with Viramune.

Sustiva™ (efavirenz)

The amount of VIRACEPT in your blood may be increased. A dose adjustment is not needed when VIRACEPT is used with Sustiva.

Other NNRTIs

VIRACEPT has not been studied with other NNRTIs.

Other protease inhibitors:

When VIRACEPT is taken together with:

Crixivan® (indinavir)

The amount of both drugs in your blood may be increased. Currently, there are no safety and efficacy data available from the use of this combination.

Norvir™ (ritonavir)

The amount of VIRACEPT in your blood may be increased. Currently, there are no safety and efficacy data available from the use of this combination.

Invirase® (saquinavir)

The amount of saquinavir in your blood may be increased. Currently, there are no safety and efficacy data available from the use of this combination.

WHAT ARE THE SIDE EFFECTS OF VIRACEPT?

Like all medicines, VIRACEPT can cause side effects. Most of the side effects experienced with VIRACEPT have been mild to moderate. Diarrhea is the most common side effect in people taking VIRACEPT, and most adult patients had at least mild diarrhea at some point during treatment. In clinical studies, about 15-20% of patients receiving VIRACEPT 750 mg (three tablets) three times daily or 1250 mg (five tablets) two times daily had four or more loose stools a day. In most cases, diarrhea can be controlled using antidiarrheal medicines, such as Imodium® A-D (loperamide) and others, which are available without a prescription.

Other side effects that occurred in 2% or more of patients receiving VIRACEPT include nausea, gas and rash.

There were other side effects noted in clinical studies that occurred in less than 2% of patients receiving VIRACEPT. However, these side effects may have been due to other drugs that patients were taking or to the illness itself. Except for diarrhea, there were not many differences in side effects in patients who took VIRACEPT along with other drugs compared with those who took only the other drugs. For a complete list of side effects, ask your doctor, nurse, or pharmacist.

HOW SHOULD I TAKE VIRACEPT?

VIRACEPT is available only with your doctor's prescription. Your doctor may prescribe the light blue VIRACEPT Tablets either as 1250 mg (five tablets) taken two times a day or as 750 mg (three tablets) taken three times a day. VIRACEPT should always be taken with a meal or a light snack. VIRACEPT tablets are film-coated to help make the tablets easier to swallow.

Take VIRACEPT exactly as directed by your doctor. Do not increase or decrease any dose or the number of doses per day. Also, take this medicine for the exact period of time that your doctor has instructed. **Do not stop taking VIRACEPT without first consulting with your doctor, even if you are feeling better.**

Only take medicine that has been prescribed specifically for you. Do not give VIRACEPT to others or take medicine prescribed for someone else.

The dosing of VIRACEPT may be different for you than for other patients. **Follow the directions from your doctor, exactly as written on the label.** The amount of VIRACEPT in the blood should remain somewhat consistent over time. Missing doses will cause the concentration of VIRACEPT to decrease; therefore, **you should not miss any doses.** However, if you miss a dose, you should take the dose as soon as possible and then take your next scheduled dose and future doses as originally scheduled.

Dosing in adults (including children 14 years of age and older)

The recommended adult dose of VIRACEPT is 1250 mg (five tablets) taken two times a day or 750 mg (three tablets) taken three times a day. Each dose should be taken with a meal or light snack.

Dosing in children 2 to 13 years of age

The VIRACEPT dose in children depends on their weight. The recommended dose is 20 to 30 mg/kg (or 9 to 14 mg/pound) per dose, taken three times daily with a meal or light snack. This can be administered either in tablet form or, in children unable to take tablets, as VIRACEPT Oral Powder.

Dose instructions will be provided by the child's doctor. The dose will be given three times daily using the measuring scoop provided, a measuring teaspoon, or one or more tablets depending on the weight and age of the child. The amount of oral powder or tablets to be given to a child is described in the chart below.

Pediatric Dose to Be Administered Three Times Daily

Body Weight		Number of	Number of	Number of
Kg	Lb	Level Scoops*	Level Teaspoons†	Tablets
7 to <8.5	15.5 to <18.5	4	1	—
8.5 to <10.5	18.5 to <23	5	1 1/4	—
10.5 to <12	23 to <26.5	6	1 1/2	—
12 to <14	26.5 to <31	7	1 3/4	—
14 to <16	31 to <35	8	2	—
16 to <18	35 to <39.5	9	2 1/4	—
18 to <23	39.5 to <50.5	10	2 1/2	2
≥23	≥50.5	15	3 3/4	3

In measuring oral powder, the scoop or teaspoon should be level.

* 1 level scoop contains 50 mg of VIRACEPT. Use only the scoop provided with your VIRACEPT bottle.

† 1 level teaspoon contains 200 mg of VIRACEPT. Note: **A measuring teaspoon used for dispensing medication** should be used for measuring VIRACEPT Oral Powder. Ask your pharmacist to make sure you have a medication dispensing teaspoon.

How should VIRACEPT Oral Powder be prepared?

The oral powder may be mixed with a small amount of water, milk, formula, soy formula, soy milk, dietary supplements, or dairy foods such as pudding or ice cream. Once mixed, the entire amount must be taken to obtain the full dose.

Do **not** mix the powder with any acidic food or juice, such as orange or grapefruit juice, apple juice, or apple sauce, because this may create a bitter taste.

Once the powder is mixed, it may be stored at room temperature or refrigerated for up to 6 hours. Do **not** heat the mixed dose once it has been prepared.

Do **not** add water to bottles of oral powder.

VIRACEPT powder is supplied with a scoop for measuring. For help in determining the exact dose of powder for your child, please ask your doctor, nurse, or pharmacist.

VIRACEPT Oral Powder contains aspartame, a low-calorie sweetener, and therefore should not be taken by children with phenylketonuria (PKU).

HOW SHOULD VIRACEPT BE STORED?

Keep VIRACEPT and all other medicines out of the reach of children. Keep bottle closed and store at room temperature (between 59°F and 86°F) away from sources of moisture such as a sink or other damp place. Heat and moisture may reduce the effectiveness of VIRACEPT.

Do not keep medicine that is out of date or that you no longer need. Be sure that if you throw any medicine away, it is out of the reach of children.

Discuss all questions about your health with your doctor. If you have questions about VIRACEPT or any other medication you are taking, ask your doctor, nurse, or pharmacist. You can also call 1.888.VIRACEPT (1.888.847.2237) toll free.

Call 1.888.VIRACEPT

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UNTITLED, CIRCA 1970 WEST VILLAGE PIERS

did Bill teach Al how to draw as a child but also to hustle his art and hang a show. Baltrop worked as a taxi cab driver, bouncer and had his own moving van. Any extra money he made went into camera equipment, paper, lenses, etc.

The apartment we walk tediously up to on the fifth floor has been his for over 30 years. It is crammed full of his brother's work, old invitations to clubs and art shows, art he traded with other artists and tons of photographs of men, on the pier in the navy. Some are posing for the camera, others are unaware Baltrop is there and are caught up in having unprotected sex in the middle of an afternoon in a dirty probably smelly building. Some are dead and being zipped in bags by police or firemen.

During the 70's the piers, the structures reaching out onto the waters of Lower Manhattan serving as a shipping port, became mostly defunct and were used as a hub for human survival and sex. Teenage prostitutes, drug addicts, the homeless and mentally ill and gay men all made 'the piers' their turf--a perfect lab for an artist.

"In the pier there were these iron beams that go the length of the place. I would climb these beams and walk up there about two floors above the ground," Baltrop recalls. "Nobody looks up when they're having sex. That's the last direction you're looking. I'm up there, you're down there. You're getting your nuts off. I'm popping a couple of shots. I'm quiet."

Remember, this is during the Pop Movement in modern art history. The idea that 'anything goes' during the 70's also rules in art. Andy Warhol was making art out of soup can labels and making movies like *Blow Job*. Artists, especially in New York, were at the forefront of making any available material--buildings, trash, their bodies--into art. Baltrop knew many of them back then. Most are dead now.

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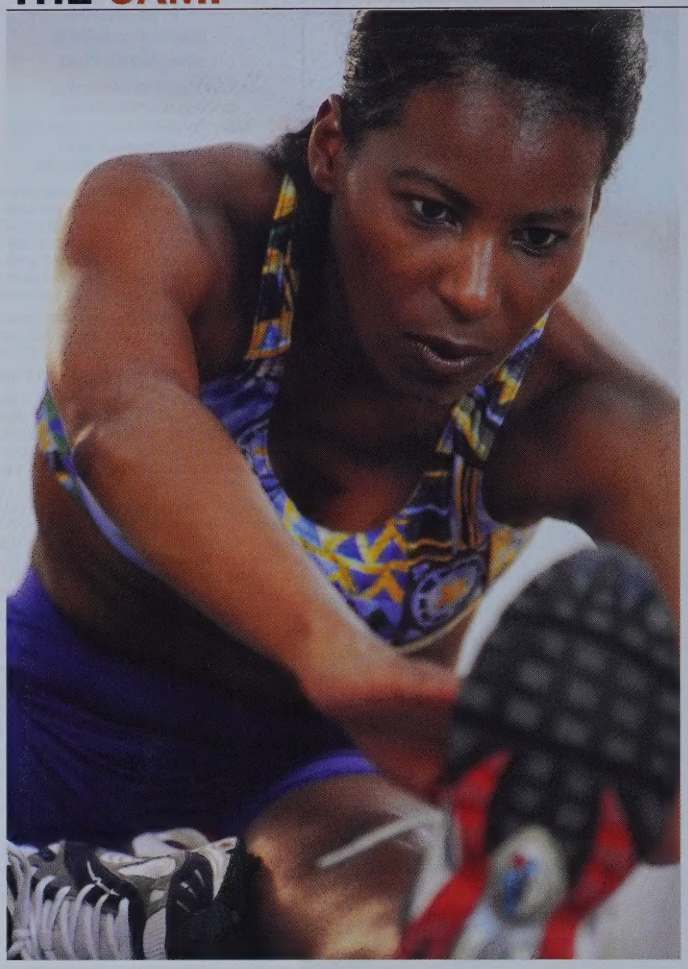

"Pry a crowbar into that not-as-hectic-as-you-say-it-is schedule of yours, and rush to find time to save your own life. Walking or running for 15 minutes is a terrific start."

exercise & self esteem

building a new you, one day at a time

words by Robert D. Rice

Self-esteem is defined as "the experience of being capable of meeting life's challenges and being worthy of happiness." Exercising greatly enhances a person's self-esteem and mental outlook while reducing stress. Self-esteem is a critical component of any program aimed at self-improvement. A close relationship has been documented between low self-esteem and such problems as violence, alcoholism, drug abuse, eating disorders, school dropouts, teenage pregnancy, suicide, and low academic achievement.

It is never too late to start a work out program as a way to work toward the goal of improved self-image. Early on in the attitude adjustment process, periodic exercise is necessary for good physical and mental health. The focus of this article is to explain how exercise improves a person's self image.

Sudden, seasonal, bursts of energy towards getting in shape come and go with the ever-changing weather. What is important is that maintaining some form of physical exercising, beyond one's everyday cycle, helps reduce anxiety while building emotional strength. How? Physical strain weakens pent-up, nervous, energy that would otherwise fester and brew harshly within a person's psyche. One theory is that endorphins, a chemical the pituitary gland produces during vigorous exercise improves one's mood. Regular exercise also decreases the risk for chronic health conditions such as heart disease and cancer, and there seems to be a connection between these illnesses and depression. Most people agree that even though they may not look forward to doing a workout, they tend to feel better after they do.

According to the Women's Sports Foundation, "women who exercise report being happier than those who do not exercise." Women who exercise miss fewer days of work. Regular exercise can reduce high levels of fat in the blood. Women who exercise also weigh less than non-exercising women.

"Exercising takes up too much time!"

Pry a crowbar into that not-as-hectic-as-you-say-it-is schedule of yours, and rush to find time to save your own life. Walking or running for 15 minutes is a terrific start. The average length of time spent by those considered in good shape is about 20 minutes, three times a week. Whichever course you choose, please maintain that physical pace for at least 30 minutes. Eventually, you should want to work out at least 30 minutes each day, but work up to that gradually. Moderate activity that gets your heart pumping a little harder and causes you to break a sweat is what you want to strive for.

Exercising regularly in amounts of time that add up to 30 minutes a day should help a troubled person fall asleep at night.

Health Concerns

Be certain to warm up before you exercise, and cool down when you're finished. Done properly, stretching can also prevent injuries such as strains, sprains and shin splints; while increasing the range of motion in the joints and increasing blood circulation. Hold your stretches. Bouncing is not beneficial, and may even be harmful. Overstretching can cause injury, so if you're stretching to the point where you feel pain, stop. Do not overdo it. A little bit of tightness is expected, but pain is another story altogether.

Pay attention to your body's response to heat. After 15 minutes of working out in hot weather, your body temperature can rise as much as 5 degrees. Sweating has a cooling effect on your body, and sufficient fluid is needed to produce enough sweat. Drink water before and after you work out, as well as every 15-20 minutes during your exercise routine. If your body can't get rid of heat effectively, the consequences can be as simple as an uncomfortable workout or as serious as fatal heat stroke. An even cool-down decline period is also important after the workout is finished. If during this time you experience shortness of breath, dizziness, cold or clammy skin, nausea or chest pains while you are exercising, stop right away and call your doctor.

Even if you've had a heart attack, or other heart problems, chances are that you would benefit from regular exercise, and you can probably safely start an exercise program right in your own home. Eventually, you will begin to feel better and want to do more.

continued on page 80

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Shot caller

lee daniels

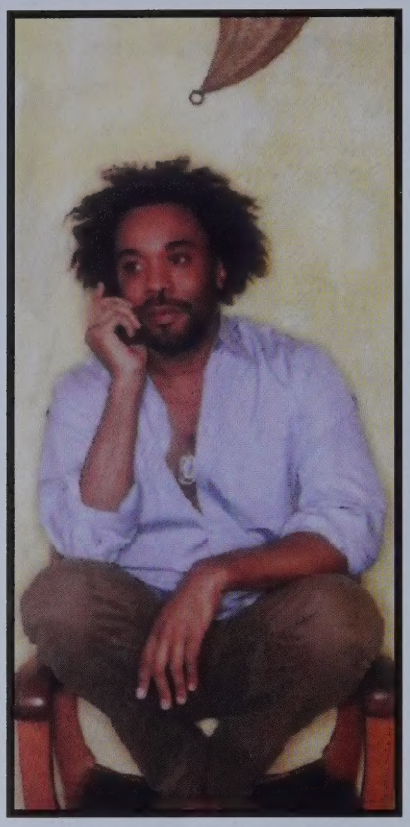
hollywood's new baller producer won't take 'no' for an answer

words by Malcolm Venable
images by Lisa Cortez

It's 11 a.m. on a hot August Saturday. A large, enthused crowd comprised of press, film insiders and aspiring filmmakers has flocked to Midtown Manhattan's Lowe's Cinemas and packed a theater. They've all sacrificed their time to observe a panel discussion for the Urbanworld Film Festival about what exactly producers do. Reverence looms and the people look hungry to capitalize potential. Some of Hollywood's hottest producers sit at a table, including George Tillman Jr. of *Soul Food*, Debra Martin Chase of *The Princess Diaries*, and Lee Daniels, of the now-historic *Monster's Ball*.

Daniels sits at the far right end of the table, his posture, unlike his colleagues', carefree. Wraparound Dior shades shield his eyes; his untamed Afro jiggles when he speaks. He's giving less movie producer, more movie star, especially with his animated, nearly theatric air giving life to the otherwise solemn and sleepy discussion.

"Everybody was looking for this grandiose thing," he says of *Monster's Ball's* problematic preproduction. "I said, 'I'm going to make this movie.' I come from the ghetto. I know how to make champagne out of



lemonade." People in the audience chuckle; he's stolen the moment. Some exchange incredulous looks that say, 'Is this dude "on" or is he for real?'

Over the next half hour, Daniels injudiciously inserts the terms "niggas" (use: "I got the script for *Soul Food* and said, 'Who wants to see a movie about a bunch a niggas eatin?'") and "fuck" (as in: "...don't fuck with my money.") into the now decidedly un-PG conversation.

Later, in the Q&A period, an aspiring screenwriter stands, and humbly begins with his idea for a film. Daniels interrupts. "Wait. This sounds like a pitch. I thought we said no pitches." A hush blankets the room. "I mean, that's what we said, right? No pitches." Furtive chuckles from the peanut gallery. The slick pitch is aborted and the people have spoken. The dude is definitely "on" and yes, he's for real. When the discussion ends, Daniels is mobbed.

On that panel, 44-year-old Daniels spoke of problems. The woes he encountered while producing *Monster's Ball*, nominated for an Academy Award for Best Screenplay in addition to the Best Actress Oscar Halle Berry won for her role in the film, are now the stuff of lore: convincing writers to hire a first-time producer; big-named talents unable to make the movie (including Robert DeNiro, Sean Penn and Oliver Stone); the paltry $2.5 million budget won by dignified begging; then to produce the film and catch hell from Blacks, including Angela Bassett, for making Berry look undignified. But Daniels is not the type to let problems interrupt success. Given his history, in fact, it's almost as if he thrives on spinning Egyptian cotton from burlap.

> "I don't look at myself as 'Black' or 'gay' in Hollywood because if I did, I'd look at myself as a victim and I wouldn't get anything accomplished."

Born Leonardo Daniels in West Philadelphia on Christmas Eve, he is the first of five children, all of whom grew up poor. "Either I sank or I swam, and that is what I carried into Hollywood, where I just don't take no for an answer," he says at a tony midtown restaurant days later. He's cartoonishly mixing sugar from packets with lemon juice and water. (The waiter told him there was no lemonade.) When Daniels was 13, his father was killed while on duty as a police officer. "There was an unspoken-ness between my father and [me] in puberty," Daniels laments. The frustration inspired him. "I felt I owed him something. I thought that I had a point to prove with him." He says he felt his father and other men assumed "that I couldn't be anything but a drag queen."

Eager to flee the slums, he left for Lindenwood University in St. Louis to study political science. School life disillusioned him; he took up casting for music videos. Ready to break big in the movie business, Daniels decided he would be a screenwriter. He took off for Los Angeles, he says, with $7.

He started in L.A. managing a corps of nurses and writing. "I didn't know anything about nursing," he says. But, "I'd be on the phone as a mediator between the nurse and the pa-

tient." In no time he was wheeling in chairs and dealing in gurneys like a pro, and he opened The Lee Daniels Nursing Agency. As for screenwriting, though, he sucked. "Because I'm a connoisseur of good writing," he says, wearing an ornate headscarf, jeans and Prada flip-flops, "I'd look at my material and know that I didn't have it in me. I was devastated. But I never take no for an answer. I decided to segue into producing."

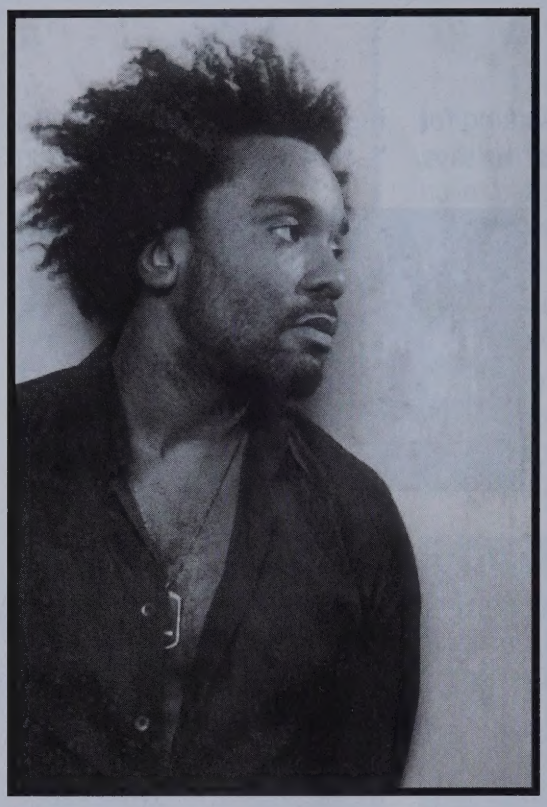
Meanwhile the agency thrived, and Daniels remembers the period when nurses first began noting peculiar symptoms in patients. "No one knew," he says, that they were watching AIDS unfold. "And no one wanted to take care of these patients. And so I just had Black women working for me that were genius," he says, munching on flat breaded chicken on mesclun. He has a boyish bounce. "I guess it was pioneering, but you don't really know what you're doing when you're in the middle of it." He sold the agency and made millions at 21. "It happened so fast, this feeling of never having to want. I want everyone to have that feeling."

In time, though, he had spun himself into a disco funk in LA, and he says he wasn't entirely happy. "What do you do at 21? You buy yourself a house, a car, you do your drugs..." (He later reveals having battled a cocaine habit.) "...that's when I understood what they were talking about, that money can't buy you peace."

> "This is a very ugly business. Sometimes I have to take a shower from the shit that I hear. I don't intend on being in it for long."

Swiftly, he switched from casting nurses to casting actors, and moved to managing talents. He's been a phenomenon in Hollywood ever since, having represented top actors including Morgan Freeman, Loretta Divine and Wes Bentley, star of *American Beauty* and *The Four Feathers.*

Producer Lee Daniels, Billy Bob Thornton, Halle Berry, Heath Ledger and Marc Forster (Monster's Ball-director).



"He has crazy fire," Bentley says, "He has lots of passion. What makes him so unique in Hollywood is his attitude, combined with his passion and his sense of humor. I don't think that that's a 'Black' thing, it's just Lee."

But 20 years awash in the gilded glitter of Hollywood made him feel removed, he says. "It's a different environment--where you don't know who your real friends are. Everyone wants something from you." Six years ago, though, his script flipped. He was summoned home to the East Coast to cast himself in one of life's hardest roles: Dad. Fatherhood has proved "a sobering and lifesaving experience," he says, whipping out snapshots of Liam and his twin sister Clara. The hip city kids smile in the photo; clearly, time has changed the man. "When I had children, most of my really fabulous Fire Island niggas kicked me to the curb. My new friends were housewives at the YMCA."

One chief Daddy woe these days, he says, is whether the kids--who swim and ride horses and play soccer--get enough "soul." One time in Philly, "[Clara] was with little Black girls and they danced circles around her. I had a nervous breakdown. All little Black kids 'supposed to be able to dance! But my little boy was born a thug." Having proven a knack for literally turning lemons to lemonade, the gay dad wouldn't have it any other way.

He likes to keep it a lil' ghetto--complete with a fabled history of post-bourgeoisie Black bad-boy antics. "One time," says his client Kevin Rice, "We were leaving the Chateau Marmont in LA. We had an hour; it would take 30 minutes to get to the airport. But Lee wanted ribs. We had no time, but he said, 'We're getting ribs.' We ended up eating ribs in the car--beef and pork--with 7-Up cake," and making the flight with seconds to spare. "When he wants something," says the model-actor, "he has to have it."

Peers say he wears an authenticity almost iconoclastic in Hollywood. Mos Def, who starred in *Monster's Ball* says, "There's an earnestness to his approach that I appreciated. He brings a real sense of enthusiasm. Unfortunately, it's rare to work with Black producers on a film as ambitious."

On the same night of the panel, Daniels rushes to attend the Urbanworld Mecca award ceremony, where he's to accept the Producer of the Year/Innovator Award. Eve, Ice Cube, and Tracy Morgan are here. Running to engagements and waltzing down red carpets gives him a worn, but excited, visage. He clearly has thrown on this gray Armani suit, the shades and himself into a taxi. In it he starts revealing things a publicist might censor. "This is a very ugly business. Sometimes I have to take a shower from the shit that I hear. I don't intend on being in it for long."

He'll retire after four more films, he says, including his next *Shadowboxer*, about a mother-son team of contracted killers, with Angelica Houston, Collin Ferrell and Alicia Keys. He talks about scripts raining in, clients, movies and twins and little time to trip over "issues" ("I don't look at myself as 'Black' or 'gay' in Hollywood because if I did, I'd look at myself as a victim and I wouldn't get anything accomplished.") or trip over how people respond to his vision. "For anyone who disses my movie or Halle, I say let someone give you 2.5 million to finance a film, and then you go make history."

He does the carpet, then stands on stage and says simply, "I hope this inspires other young Black producers, and I hope it inspires them to not take no for an answer."

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The Invisible Life

of Lesbians in Black Film

words by Sarah Warn

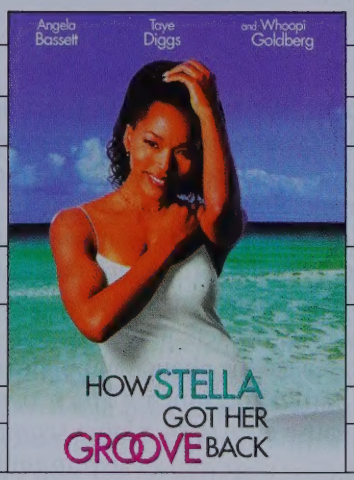
In the last five to seven years there has a been a surge of feel-good films targeted at the middle-class Black community--from ensemble dramas like *The Best Man, Waiting to Exhale, The Brothers* and *Kingdom Come* to romantic comedies like *Brown Sugar, How Stella Got Her Groove Back, Love and Basketball,* and *Two Can Play That Game.* These films were written and directed by Black folks for Black folks--and it shows.

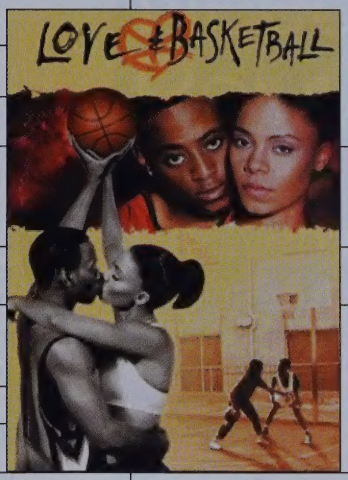
So what do these movies say about Black lesbians and bisexual women? Nothing good. In fact, from watching these films, one comes away with the following messages about the Black community.

1. Straight Black people do not have lesbians among their family or friends.

This absence is particularly glaring given that these films encompass such a wide variety of Black women--the uptight lawyer, the hairdresser, the obsessed athlete, the stay-at-home mom, the office 'ho,' the dying friend, the workaholic stockbroker in love with a man half her age, the woman whose husband leaves her for a White woman. But no lesbians.

Among the Black male characters, there are just as many diverse roles. There's every kind of Black





"Straight attitudes towards Black lesbians and bisexual women have changed over the last twenty years but you would never know it from watching movies produced by and for the Black community."

middle-class character in these movies but the kitchen sink--and lesbians.

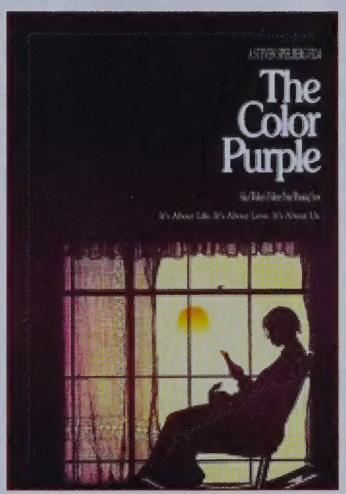
This happens even in settings where the context almost requires their inclusion. *Love and Basketball*, for example, is a movie set in the world of women's basketball where (in real life) lesbians not only exist, they arguably exist in disproportionate number. But in the movie? Nary a lesbian (of any color) in sight.

2. Lesbians and lesbianism are only acknowledged to serve as a warning to straight Black women about how to behave.

The only time lesbianism is referred to in *Love and Basketball*, for example, is in a conversation between Monica (Sanaa Lathan) and her mother (Alfre Woodard) in which Monica verbalizes her mother's worst fear:

Monica's mother: I don't know why I keep hoping you'll grow out of this tomboy thing.
Monica: I won't. I'm a lesbian.
Mother: That's not funny!
Monica: Well that's what you think, isn't it? 'Cause I'd rather wear a jersey than an apron?

There are no overtly homophobic statements in this exchange, just the assumption that it would break a mother's heart if her daughter turned out to be a lesbian--and since there are no actual lesbian characters in the movie to present an alternative opinion, this fear is the only impression with which the viewer is left.



In *The Best Man*, Nia Long's character is derided by her (male) friends as so "sassy and independent" that she's "one step from lesbian." In this one statement, the film has both reminded straight Black women that they may become undesirable to Black men if they are too independent, and characterized lesbianism as a rejection of Black men.

3. Bisexuality among Black women does not exist.

If Black lesbians aren't real women, then Black bisexual women aren't real, period--they simply don't exist in Black films, either in person or in concept. Not even as a cautionary tale. Tell that to women like Alice Walker, Meshell Ndegeocello, Bessie Smith, and the late poet June Jordan, whose significant contributions to both the Black community and America as whole apparently matter little in light of their (bi)sexual orientation.

So what does all of this say about the Black community's collective attitude and lesbianism? Nothing

that hasn't been said before. Many Black people continue to believe that lesbianism does not exist within the Black community (it's a "White" problem) or that Black lesbians are traitors to the race and/or not "real" women.

In his book *One More River to Cross: Black & Gay in America*, Keith Boykin argues that "any discussion of homophobia in the Black community must also address the specific topic of antilesbianism" since there is an "antilesbian strain of homophobia that sees women-women relationships as threatening to the ever-important Black family" (p. 164).

This is not to imply that the Black community is any more homophobic than other racial/ethnic communities (in fact, studies have shown the opposite, as Boykin explains in his book). But in her essay "Homophobia in Black Communities" in the anthology *The Greatest Taboo: Homosexuality in Black Communities*, bell hooks says Blacks are more outspoken when it comes to their antigay sentiments. Hooks goes on to say that often those Black individuals who make such homophobic statements in public are actually very supportive of the gay people in their life. While this may or may not be true, these films clearly do not include sympathetic lesbian and bisexual characters and sentiments to balance out the handful of antigay sentiments expressed (although, to be fair, there are still fewer stereotypical gay jokes in these movies than you'll find in the average "guy" movie).

This one-sided presentation is not necessarily rooted in homophobia (although some of it certainly is), but a mistaken notion held by many Blacks that you can't fight racism and homophobia at the same time. Not only does fighting racism take precedence, but attempts to challenge homophobia actually weaken this fight.

But more and more Blacks are realizing that differences among Black folks are not dangerous. And attitudes of straight Blacks towards Black lesbians and bisexual women have changed over the last twenty years, just as they have among Whites and other racial and ethnic groups in America. You would never know it from watching movies produced by and for the Black community.

What remains unclear is whether this is because many Black writers, directors, and producers have yet to realize the change in public opinion, because they harbor too much of their own homophobia, or because even with a large segment of the Black community becoming more open-minded, they fear the kind of vocal outcry from some Black conservatives that followed the lesbian relationship in *The Color Purple* in 1985, in which they accused author Alice Walker of reinforcing negative stereotypes about Blacks--and Black men, in particular--and focusing too much on sexism at the expense of larger issues of racism.

"A mistaken notion held by many Blacks [is] that you can't fight racism and homophobia at the same time. Not only does fighting racism take precedence, but attempts to challenge homophobia actually weaken this fight."

Since films aimed at middle-class Black America are a relatively new phenomena, it's also possible that some Black writers/directors/producers have good intentions, but are thinking something along the lines of "we can't do everything at once, so let's just get your average (straight) Black folks more visibility and worry about showing diversity within the Black community later, when the time is right." This is the same rationale the gay community used (however unintentionally) to keep Black characters out of lesbian movies, and it has worked. Although films targeted at the lesbian community tend to include more diversity than your average film, the characters are still overwhelmingly White (as demonstrated in movies like *If These Walls Could Talk 2*).
But the "right time" almost never just "comes along," it has to be created.

It doesn't help that well-known Black actresses who might have some clout in the writing/directing/producing process do not appear to be clamoring for these roles. Even if they have good inten-

tions, it's likely that what keeps Black actresses out of Black lesbian roles is the same homophobia that keeps lesbian characters out of Black movies.

If you watch what's coming out of Hollywood, in fact, it appears that Nia Long, Whoopi Goldberg, and Queen Latifah are the only established Black actresses willing to play lesbian characters. (Whoopi Goldberg played a lesbian in the *The Color Purple, Boys On the Side,* and *The Deep End of the Ocean;* Queen Latifah played a lesbian bank robber in Set it Off, and Nia Long played a lesbian in *If These Walls Could Talk 2* and *The Broken Hearts Club.*)

You might be able to include Nicole Ari Parker in this list (recently in *Remember the Titans* and Showtime's television series *Soul Food*), because she played a lesbian/bisexual teenager in 1995's *The Incredibly True Adventures of Two Girls in Love.* But she was completely unknown at the time, and the film was targeted at the gay community, not the Black community, and she has not played a gay character since then. There are many lesser-known Black actresses playing gay characters in independent and/or gay movies, such as T. Wendy McMillan in *Go Fish*, and Cheryl Dunye in *Watermelon Woman.*

But none of these roles (besides Latifah's) have been in movies designed for Black audiences. And even Latifah's landmark role is offset by the fact that her character falls into the tragic-and-criminal stereotype (and since *Set it Off* does not exactly fit into the "feel-good movie" category, it is also theoretically outside the scope of this article).

Straight Black folks clearly don't understand the scope of the problem when they ask Black lesbians/bisexual women to be patient, or to "put the Black community first." While the Black community has been complaining for decades about the invisibility of Black characters (and later, positive Black characters) in mainstream films, it seems hypocritical for these same Black writers/directors/producers to turn a deaf ear to this plea from members of their own community. Because no matter how many Black lesbian/bisexual characters are rendered invisible in the movies, in real life Black lesbians and bisexual women are not going away. And it is both foolish and disrespectful to pretend otherwise.

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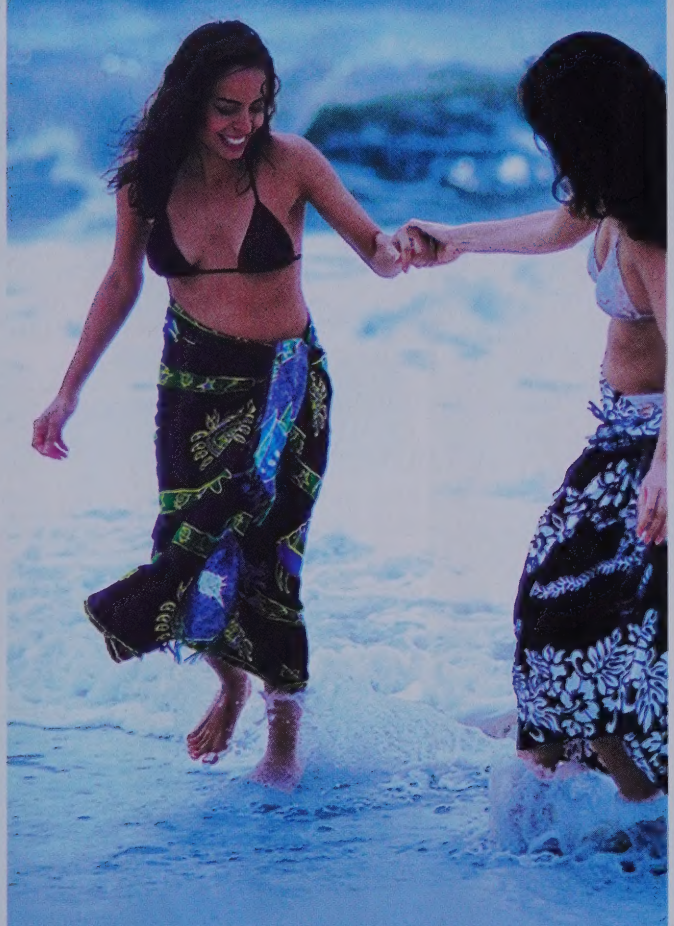

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The Absolutely Fabulous C.W.

Keep up, if you can. A day in the life of Publicity Guru

Clarence Williams

words by Tod Roulette
image by D'Ambrose Boyd

You would expect a jet-setting L. A. publicist who charges $30,000 to stage a single night's event to answer his phone using only his initials as Clarence Williams does. Simply, C.W.--no explanation needed. You would expect large Gucci spectacles, a butter-soft leather blazer and maybe the bling-bling rocks on the fingers. And that's who was waiting, poised, calm and professional at a coffee shop in Midtown Manhattan for this tardy writer at 11:20 A.M.--a first clue that this was no male version of the 'Absolutely Fabulous,' self-parody characters, Patsy and Edie, the BBC's tantrum-throwing self- obsessed duo who work in the same glamour arena as C.W.

Describing himself as a 'buxom Black man with locks'--not mentioning good skin and a cereal box-smile with dimples--C.W. was not unlike a lot of fast-track kids, White or Black. When one learns C.W. won a high school acting award affording him to work with Glenn Close and dance in New York with Alvin Ailey, it kind of makes sense that this gay Black man is where he is today. The kid's got something. And unlike Patsy or Edie, he doesn't need a bottle of Boli or coke or an attitudinal toss of his long hair to get him by. Although, he will occasionally toss his locks.

C.W. sips a mocha cappuccino and explains how his solid theatre, stage design and speech education and even writing for the high school paper primed him for his plum jobs right out of college in North Carolina. "My first job was not acting; I was a house manager at the Folgers Shakespearean Theatre," C.W. recalls. "I thought, 'O.K., I'll go in as a house manager, and then they'll see that I'm an actor, and I'll be in one of the Shakespearean plays.' You know, I was stupid."

To his surprise he landed a job as a public relations director for the Howard Theatre Foundation at Howard University. While there, C.W. produced *Christmas with Ruth Brown.* They are still close.

He doesn't believe things just happen. A broken leg led to a job producing a radio arts program which then led to C.W. becoming the youngest ever arts commissioner for Washington D.C. Next, C.W. took a consultant job for a theatre and found himself in the middle of a feud between none other than James Baldwin and his new boss. Baldwin hired C.W. away (at double his consultant rate) for Baldwin's *The Amen Corner.* It went on to open on Broadway, taking C.W. with it. For two years C.W. worked as Baldwin's personal assistant when Baldwin returned from France to work in the U.S.

"I've had so many experiences at this point in my life. It's not that serious anymore. I'm somewhat jaded. I've worked for the White House. I've done events for the United Nations. I've done a world tour."

His phone rings, during this story. It's L.A.--something about a CEO wanting him to get her on a guest list. That will have to wait. Right now, it's uptown to see his client Lee Daniels, the producer of Halle Berry's phenomenal success vehicle, *Monster's Ball* (See the *Venus* cover story on Daniels in this issue, pg. 34.)

Uptown in Daniel's new central Harlem townhouse-come-production office, a bright-eyed Daniels with his hair piled up in a hat sits crossed-legged on a wooden table across from C.W. Two brothers on the 'inside' of the Hollywood game talking about how to get more and keep more of the pie in terms of deciding and doing their own projects. C.W.'s phone rings again. He looks at it and keeps talking. Daniels has more chips to bargain with, and that may mean hiring C.W. for his next film. Daniels flops onto the sofa with C.W.--lots of hugs, encouragement on both ends, and then they part. Both have pressing appointments.

I ask about a gay mafia and specifically a gay Black mafia. He frankly says that Blacks in Hollywood, gay or straight, do not have that much power to create a 'mafia.' C.W. says he has no time for ego. "I've had so many experiences at this point in my life. It's not that serious anymore. I'm somewhat jaded. I've worked for the White House. I've done events for the

1. Publicity guru Clarence Williams, c, with ER actress Yvettee Freeman, r, and a friend. 2. Clarence with actress Debbie Morgan and Essence.com editor, Ingrid Stirgis 3. Clarence at Hollywood luncheon event with dazzling Young and the Restless star Victoria Rowell. Photo credits: 1-David Perry, 2-Donn Thompson, 3-Carl McKnight

United Nations. I've done a world tour. I've had a lot of experiences that a lot of people have never even dreamed of, and God has granted me these great privileges," he says assuredly.

Back downtown to a P.R. firm that has chosen C.W. to market TAO, a French brandy, to an upscale Black market, he lets down his guarded professionalism and shares another phone call from L.A.--it's his blind date from three days before. It's the second time he has called C.W. since he's landed. C.W. seems indifferent. Watching his whirlwind schedule and calls, I'm feeling for the blind date, even if the calls are a bit much. But, C.W. assures me that he does make time for romance.

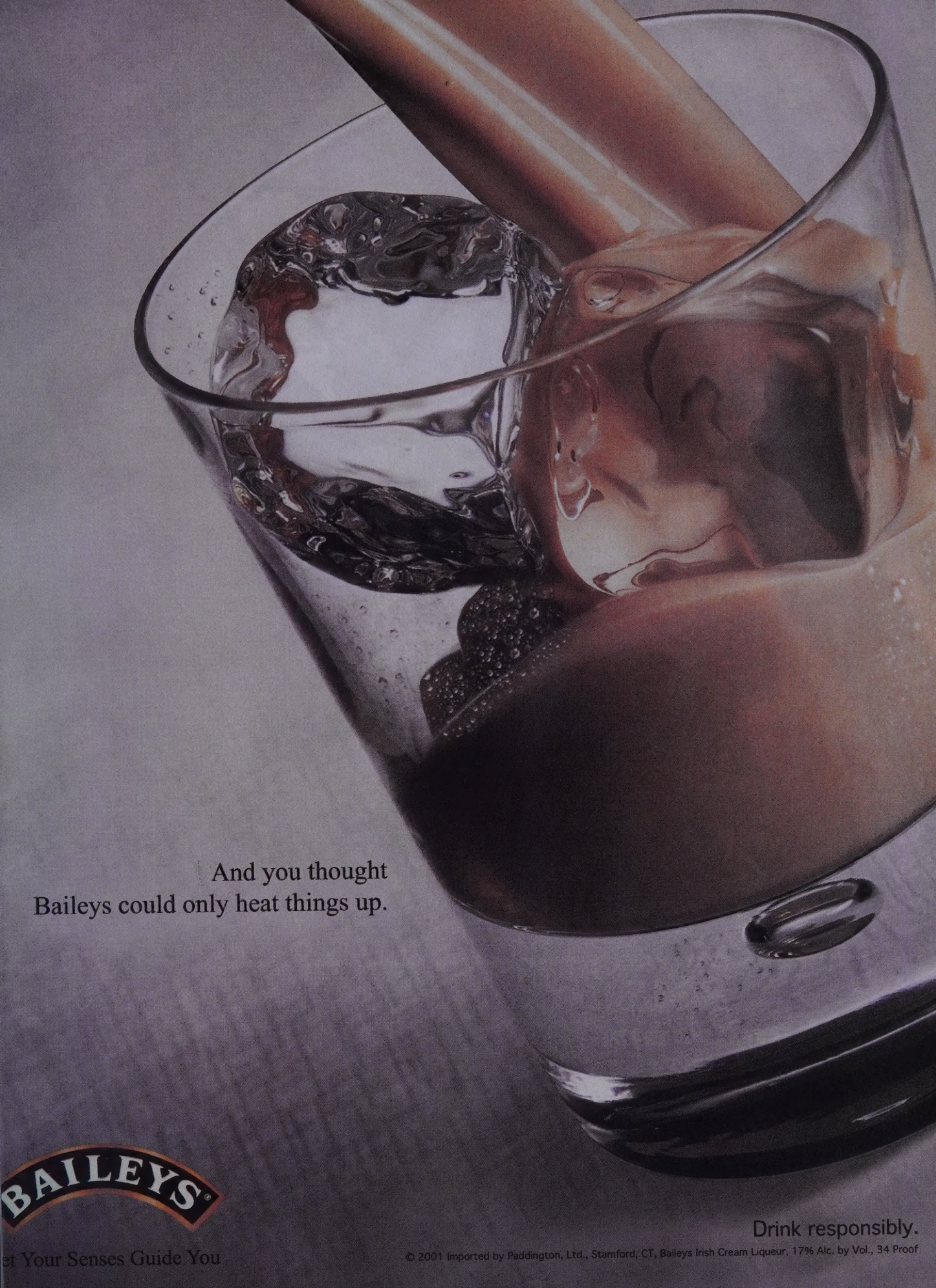
A short visit to the publicity firm to discuss a few ideas about TAO, and then it's on to the main reason for his visit to New York--a meeting for an investment corporation's annual dinner, three blocks away. We pick up an executive, pile into a car, and we're off to the Museum of Natural History where C.W. is planning the executive's 400-person dinner. He whips out his tiny notepad and a BETA videotape while six museum public relations and technical people pour over seating arrangements and the large, 20-paneled screen where company personnel photos will be projected.

C.W. calls L.A. and tells his technical assistant frame-by-frame which pictures of executives need to be cropped, sharpened or deleted. He's tossing his locks and biting his lip. No 'AbFab' screaming into the phone or threats. He'll take the tape back to L.A., tweak it, and have it ready next Tuesday night.

Back uptown at dinner in Harlem, C.W. talks about doing a benefit for a charity that mentors Black children and tracks their educational development. He donates a lot of personal and professional time to them. He says he doesn't believe in carrying banners. He does his job and reminds me that we get so few chances to do a job that when we get that chance we cannot afford to screw it up.

"I take my journey very seriously, and I'm not here to take up space and contribute absolutely nothing to society and the universe. I feel that creativity is a gift of the Divine, and therefore, if I am being obedient and true to my purpose, then [I am] going to have that affect on people. With that truth comes a lot of peace. If you are at peace then things for you are very different. And people start to see you as bigger than life... it's not something I try to be," says C.W. blowing me away. Edina never said anything so spiritually profound in all of the boxed episodes on my shelf!

It's the never-ceasing ring of the phone again. Someone is giving him an address where two 80 year-old women are performing a cabaret act uptown. He wants the check and a cab. He'll be back in New York on Friday.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Playing the Gay Game

words by Lovonia Mallory

Sydney, Australia was the site of the 2002 Gay Games last Fall. Because Sydney is in the southern hemisphere, October is their springtime. Australia is also located in the tropics--which meant the days were hot and the nights were cool.

The official opening ceremony, held at the Sydney Football Stadium, featured artists k. d. lang, Jimmy Somerville and many other Australian entertainers. The highlight of the night was a parade of competitors from over 70 countries. In a show of unity and love, the teams from India and Pakistan marched in together. This was a significant symbolic statement because at that very moment their two countries were pointing nuclear weapons at each other. They received a standing ovation from the 30,000 or so spectators. Because of the tropical location, there were teams representing the South Pacific and Indo-China as well as the Middle East. Many of these teams were first-time participants, and they marched into the ceremony in their traditional clothing. The Samoa team sported their colorful, full facial tattoos and straw skirts. Team New York came out in force with over 300 team members, all in coordinating team warm-ups and hats.

Athletes competed in over 20 sporting events. The sporting events included: bodybuilding, dance, ice skating, volleyball, bowling, cycling, ballroom dancing, pool billiard, netball, martial arts, soccer, sailing, power lifting, judo, squash, swimming, field hockey, ice hokey, diving, tennis, track and field, water polo, the triathlon, rugby, table tennis, wrestling, and two tournaments of the minds, bridge and chess.

Team New York members were represented in almost every sport. This was made possible by Team President Ruth Gursky and the Team New York Board who offered over 56 financial scholarships. In the wake of September 11th, many team members would not have been able to attend if were not for the generosity of other team members. This was particular true for team cyclist Paulette Maggoe. She said she would not have been able to go to Sydney if it had not been for Gursky, the team board and her Fast and Fabulous cycling club.

Maggoe participated in the four cycling events: the road race, the team time trials, the individual time trials, and the criterium. The 47-year-old was able to medal in every event she entered. Paulette won a gold medal in the criterium, which is 10 laps around a 1/2-mile course. Maggoe finished 6 seconds ahead of her closest competition with a time of 18:43. She took home silver medals in the team time trials and the road race. In the individual time trails she finished at 26.13 for a bronze.

Maggoe showed a lot of heart, drive and a strong desire to win. Maggoe humbly said she was most proud of the success of her team and not her own performance. Maggoe is an example of the sportsmanship that the gay game fosters, and she is truly a champion.

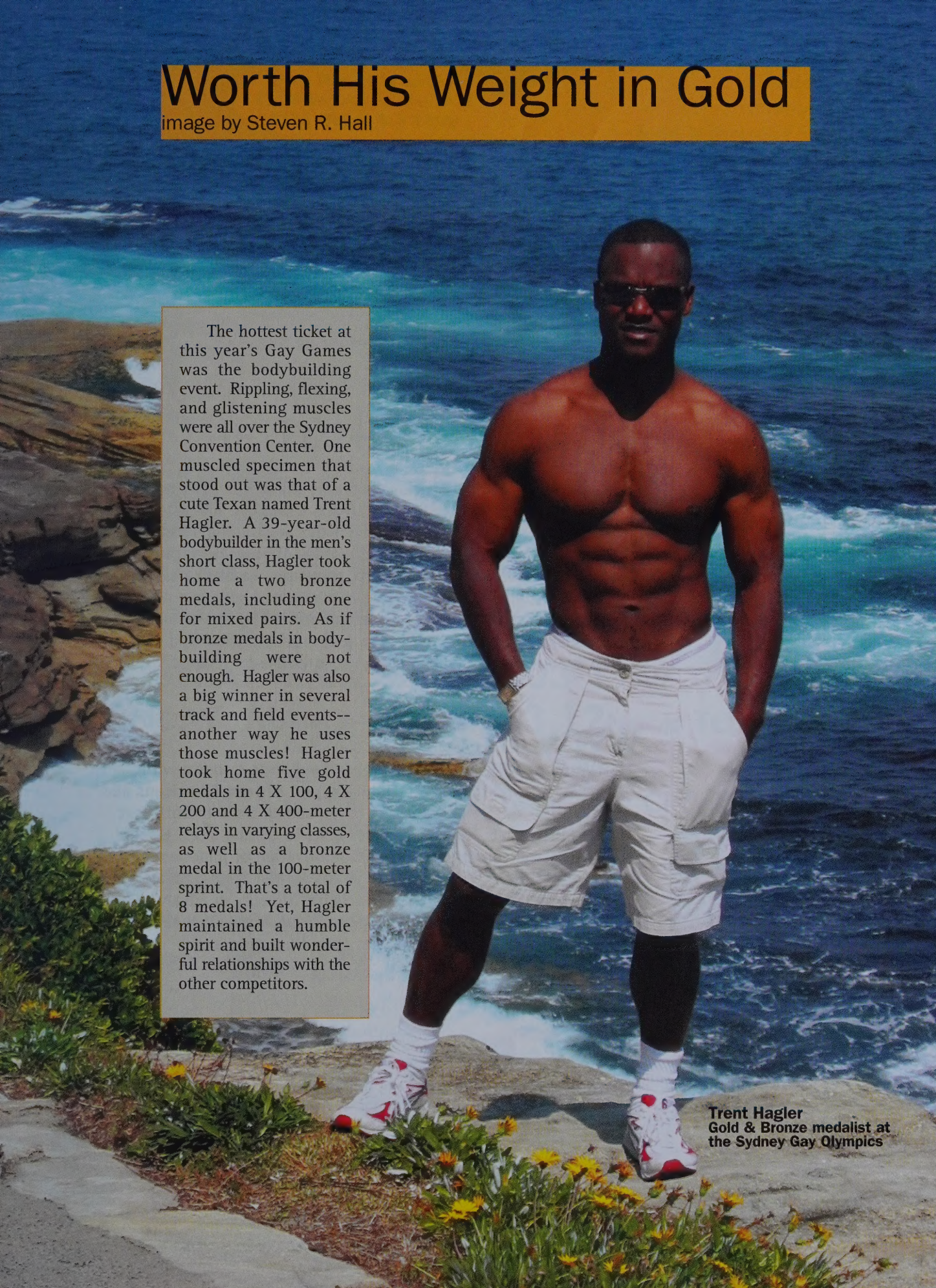
The sporting events were held amidst a backdrop of cultural events at this year's games. The cultural festival included: a grand ball; a night of ballroom dancing; a cabaret show by Bea Arthur; and a dramatic musical theater piece entitled "Elgibes for Angels, Punks and Raging Queens." Multi-ethnic shows included "A Hawaiian Ho," a traditional Hawaiian dance with a gay and lesbian twist; a drag king performance by Haitian born New Yorker Dred King; and "Black Kwer N Out" the cabaret performance by indigenous Australians people.

There were hundreds of official and unofficial men's and woman's parties held throughout the gay district on Oxford Street. The official women's party was the Butch Party--'smorgasbord' of lesbians from all over the world. There were over 400 women packed into a 40,000 square-foot dance club at Fox Studio. The men's official party was the "Black Party." There were over 2,000 men sporting the party's official black leather dress code-- black mini skirts, black chaps or just black leather thongs.

Believe it or not, between the dancing, cabaret shows and all around good time, athletes like Maggoe and Hagler were still able to compete with ease. They left the games victorious with all the medals they won. But most of all, they are both winner in life!

Worth His Weight in Gold

image by Steven R. Hall



The hottest ticket at this year's Gay Games was the bodybuilding event. Rippling, flexing, and glistening muscles were all over the Sydney Convention Center. One muscled specimen that stood out was that of a cute Texan named Trent Hagler. A 39-year-old bodybuilder in the men's short class, Hagler took home a two bronze medals, including one for mixed pairs. As if bronze medals in body-building were not enough. Hagler was also a big winner in several track and field events--another way he uses those muscles! Hagler took home five gold medals in 4 X 100, 4 X 200 and 4 X 400-meter relays in varying classes, as well as a bronze medal in the 100-meter sprint. That's a total of 8 medals! Yet, Hagler maintained a humble spirit and built wonder-ful relationships with the other competitors.

Trent Hagler
Gold & Bronze medalist at the Sydney Gay Olympics

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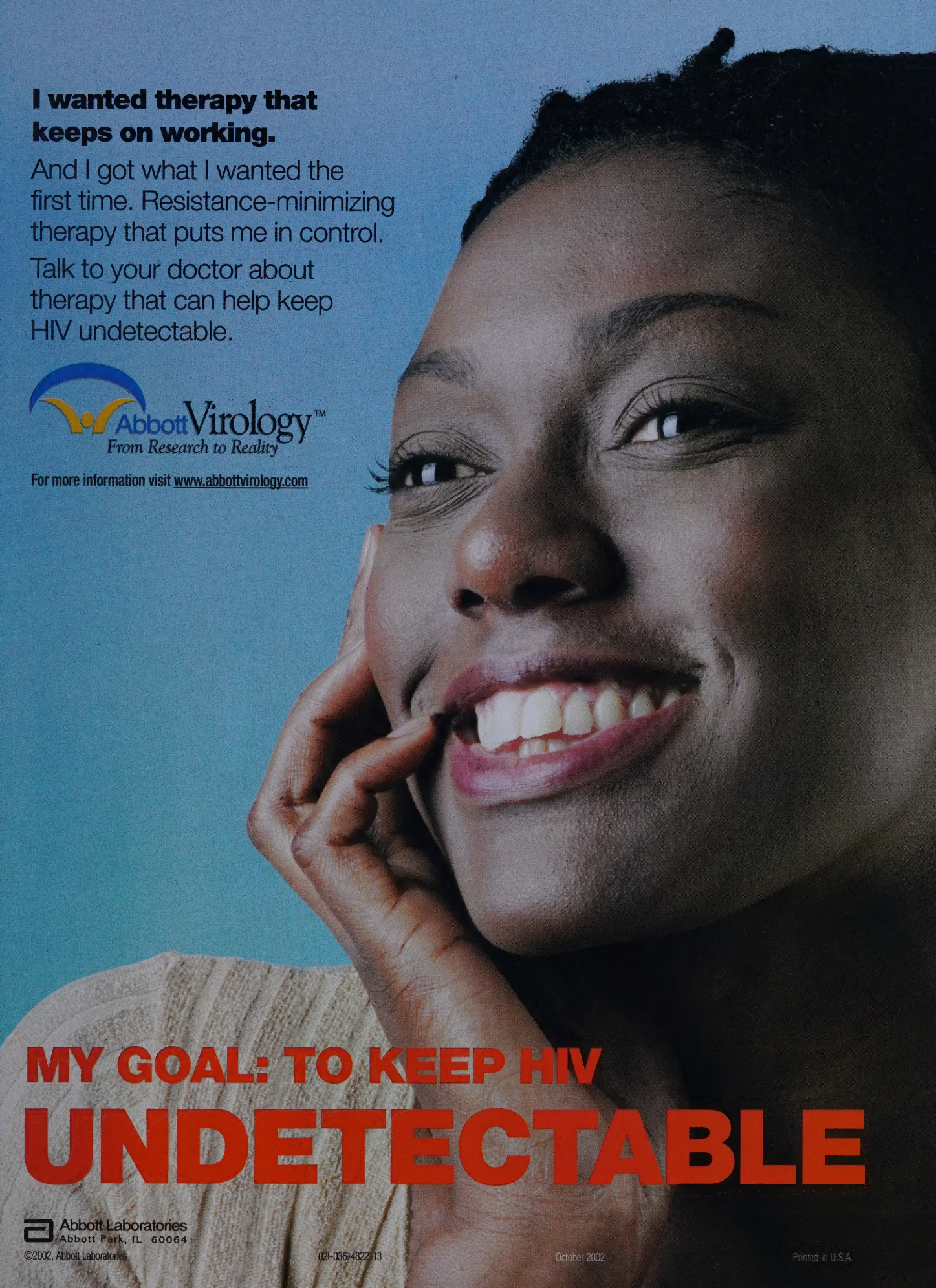
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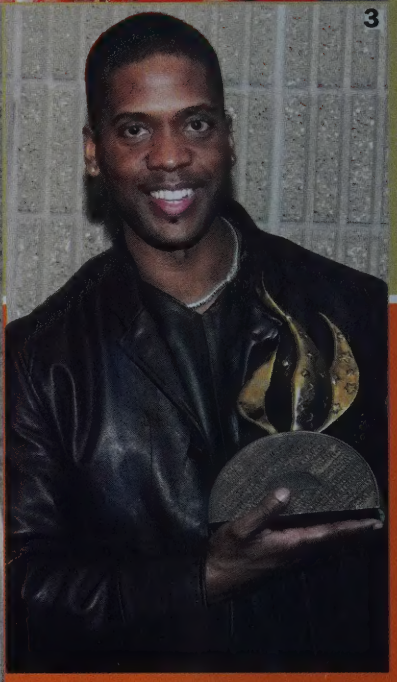
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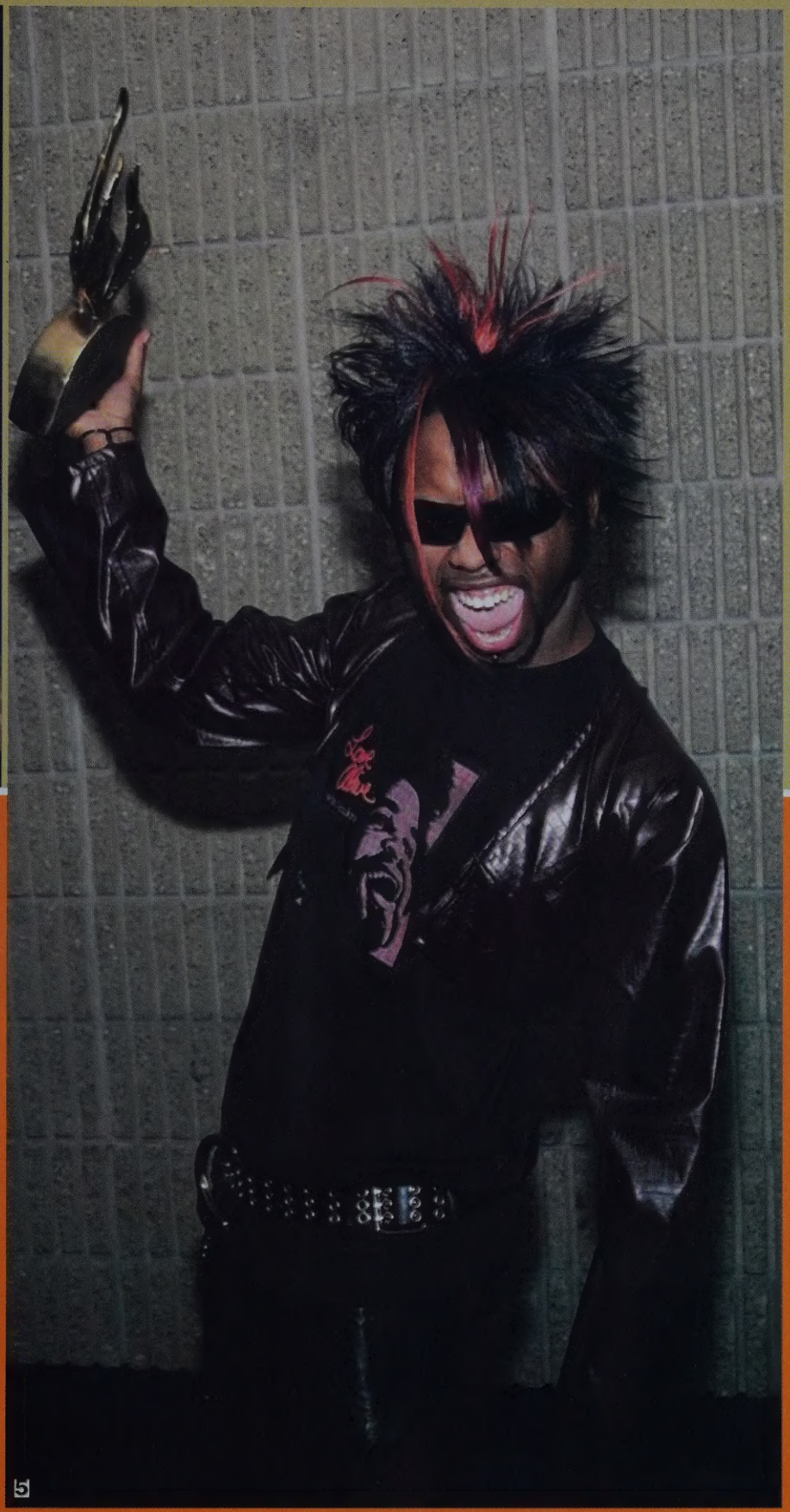
The 18th Annual Stellar Gospel Music Awards were held January 11th at the Atlanta Civic Center before a capacity crowd of the gospel industry's finest. In addition to the evening's soul-stirring, foot-stomping performances, Pastor Andrae Crouch was awarded the James Cleveland Award for his innovative and outstanding achievements in traditional gospel music. Gospel diva Yolanda Adams was presented with the Stellar Awards Hall of Fame Award. Kirk Franklin swept the awards, taking home five gold statues.



1. Stellar Award hosts [l-r] **Michelle Williams, Donnie McClurkin and Mary Mary** 2. **Kurt Carr** [l] congratulates newcomer **Smokie Norful** who won three awards including Best New Artist. 3. A stylish **Donald Lawrence** poses with one of his three awards. 4. Hall of Fame Award recipient **Yolanda Adams** is all smiles. 5. **Tonex** lets loose after winning the Rap/Hip-Hop Gospel CD award. *Photo Credit: 1-Johnny Crawford, 2-4 Moses Robinson*

Stellar Gospel Music Awards Atlanta

Nativity: A Life Story

The Schomburg Center for Research in Black Culture presented *Nativity: A Life Story*, starring Stephanie Mills, BeBe Winans, and Phylicia Rashad last holiday season at The United Palace Theatre in New York. Inspired by the Langston Hughes holiday classic, *Black Nativity, Nativity: A Life Story* is an award-winning, brilliant retelling of the Biblical Christmas story with African-American music and dance, in concert. The production was written by James Stovall of Broadway's *Ragtime* and *The Life* and Hattie Winston, co-star of *Becker* on CBS.

1. **Stephanie Mills** performed three songs in her portrayal of "Mary." 2. Portraying "A Prophet," **Freddie Jackson** sang "Have You Heard About the Baby." 3. **Phylicia Rashad** pristinely portrayed one of the "Storytellers." 4. Proud *Nativity* director and co-writer **James Stovall** poses backstage. 5. "Storyteller" **Keith David** backstage. 6. **BeBe Winans** performed two songs in his portrayal of "Joseph." 7. Broadway diva **Ebony Jo-Ann** portrayed one of the "Midwives. *Photo credit: Ronnie Wright*

PIECE OF MIND

an open letter to Morehouse President Walter Massey

On Sunday, November 3, 2002 Morehouse College student Aaron Price beat student Greg Love with a baseball bat in a dormitory shower stall, according to police reports. Moments earlier, Love allegedly had peaked into Price's shower stall, he says, thinking Price was his roommate. Love says he didn't have his glasses on, so he couldn't see clearly. Price told police that he felt Love violated his privacy by peeking into the stall. Love suffered a fractured skull which required emergency surgery. Atlanta-Fulton County District Attorney Paul L. Howard Jr. says his Office will prosecute the case as a hate crime and will seek the enhanced penalty allowed under Georgia law.

The incident sent the college community into a frenzy with gay rights organizations and students making accusations of intense, on-campus homophobia, an environment some feel incites this type of outburst. The college has since formed a Blue Ribbon Panel of local and national experts to advise the college on strategies to accelerate its efforts to promote a campus environment that is free of harassment and homophobia, and that values diversity, including differences in sexual orientation. The college has also named an internal Task Force on Diversity and Tolerance, comprised of students, faculty, staff and alumni, which will coordinate new campus initiatives related to tolerance, harassment, anger management and diversity.

Below is a letter that a same-gender loving alumnus of the college sent to the college's president in the wake of these events.

Dear President Massey:

My name is Richard Moultrie, Jr., and I am writing concerning the beating of student Greg Love. I was so shocked by this incident, and what I perceived as the administration's silence on the matter, that I originally planned to write to cancel my monthly, automatic contribution to Morehouse College's Annual Fund and to discontinue paying my annual dues. In recent days, you have given me cautious optimism that neither of these steps will be necessary.

For instance, I am much encouraged by your address at assembly this past Tuesday (November 19, 2002). You see, like others who may have written to you, I believe that I, too, have a personal stake in how your administration and you manage the fallout of this tragedy--a tragedy for both of the students involved, as well as the campus I once called home. In 1988, I graduated from Morehouse with honors. I am now an Assistant United States Attorney. I prosecute federal white-collar fraud and violent crimes, and more pointedly, I serve as the Hate Crimes Coordinator for the five counties over which my office carries jurisdiction. I am also same-gender loving (the term "gay" includes certain White, male political perspectives to which I do not subscribe). For all these reasons, I was greatly heartened to learn that during your assembly address, you advised students that, "...men can have different sexual orientation and still be men and brothers."

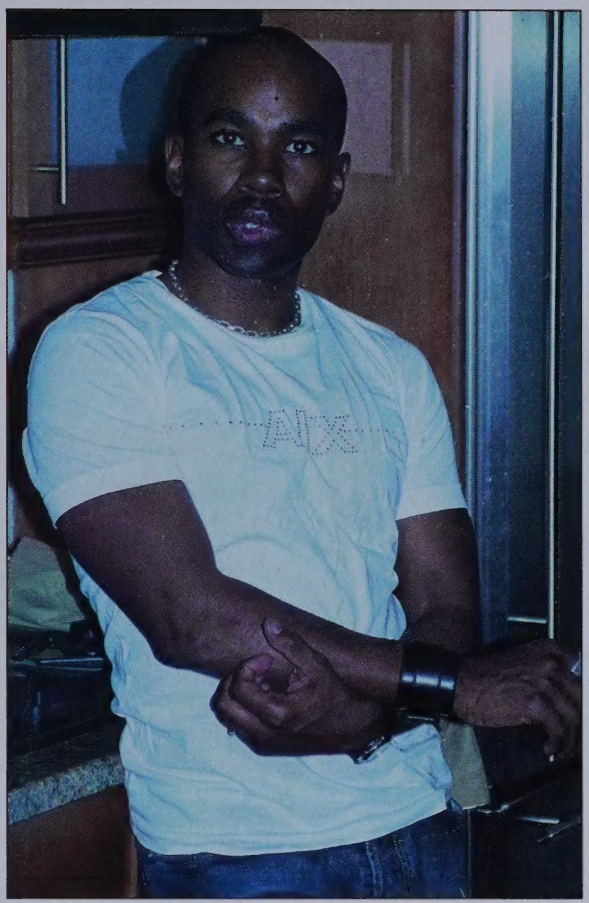
This kind of formal message, especially coming from you, is so vital to the health of the college, because it affirms the value of all Morehouse students and alumni--both heterosexual and same-gender loving ones. Still, I hasten to add that such statements alone will not turn the tide of homophobia that, for too long, has cast a pernicious pall over the campus. While it is certainly true that your administration cannot predict the type of gross violence demonstrated by Aaron Price, it is equally true that college officials are responsible for ensuring that students understand that violence based on the perceived sexual orientation of others is an act that will be severely punished.

"...college officials are responsible for ensuring that students understand that violence based on the perceived sexual orientation of others is an act that will be severely punished."

This recent attack underscores that it is dangerous for the college to merely rely on risk management policies tucked away in college brochures. A more direct approach is obviously needed and overdue. I choose the word "overdue" because during my years at the College I, too, experienced the internal, psychological trauma that homophobia engenders.

Specifically, I recall one of my professors, a Psychology instructor, who made a derogatory comment about so-called "sissies;" and more to the point: he made the declaration during class. This incident occurred during my freshmen year, and at a time when I was away from my family and everyone I knew from my home in California. As a result, I viewed my professors--to many of whom I felt an especial closeness--as surrogate parents. It therefore hurt very deeply to hear one of my instructors issue a global indictment of same-gender-loving men, with no concern for whether members of that group were present. This man never stopped to consider the pain he might cause to a young man, like me, who was struggling to reconcile the fear and anxiety of accepting his sexual orientation in an environment almost entirely devoid of a safe space in which to do so.

Consequently, I thank you for your pledge to conduct school-sponsored panels on homophobia. I also pledge to you that I will monitor the situation to ensure that your laudable intentions transition into actions. I remain loyal to Morehouse College, and to you President Massey, and in a way that involves a continued financial commitment. However, I am just as determined to hold your staff and you accountable for--in your words--respecting "diversity in all its manifestations." The time is long past for Black men to respect one another in ways that honor and support the fact that we are all different. Morehouse College is a prime forum for such an experiment. And for those students who cannot abide by this creed, I trust college officials to make certain that the hostility of recalcitrant students does not hold hostage those students who deserve to grow, learn and achieve in an environment free of violence and harassment.



Richard S. Moultrie, Jr. Class of 1988

With sincerest respect and appreciation,

~Richard S. Moultrie, Jr.

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in bed with Khalid

one is the loneliest number

words by Khalid Kamau

In her sophomore treatise on the human experience, Lauryn Hill reveals that "we're all going through the same problems, same issues..." According to my own, informal research (i.e. conversations with friends and family), this theory appears to be quite accurate. Recently, I began to wonder, 'Might my own struggles with intimacy mirror those of other men?'

"I can now survive for several weeks without any sexual contact, excluding kissing, without assaulting anyone... While I am very proud of my improving discipline, I cannot honestly say that I am any happier."

In search of that question's answer, I decided to invite the world into my bed to see if we are all sleeping with the same stuff.

Love has blessed me with several, wonderful, Black gay and bisexual male friends. Our conversations about love, sex and relationships would abash most heterosexual porn stars and psychiatrists alike. The irrefutable fact is that, in a world where men are encouraged from before birth to view intimacy as a game, men having sex with men are the world's true players. Many of my male friends have long lost count of their sexual partners, even when the ever-nebulous definition of sex is narrowed to "only those encounters involving intercourse." When I started dating men a few years ago, I quickly began to 'lose count' myself. A consummate neurotic, I immediately dropped everything and began making a list (which I cross-checked with my journal and locker room buddies to ensure accuracy). Over the years, my 'list' has grown in number and detail. I now include last names, ages, astrological signs and any other information I am given and can recall. Many of my friends--who officially and unofficially keep such lists themselves--are shocked to hear that I even attempt to gather such 'details.' But what leaps off my list when I look at it is the number. What is your number?

When I reached 20, I became concerned that my list was beginning to read like a catalogue of empty sex that was certain to reflect poorly on my character and karma. That was last year. Now, suddenly at 30, I am appalled and embarrassed. I have a number of past partners that exceeds my age. I decide to 'make a change.' Sex is not "interfering with my everyday life," I concluded after skimming through Narcotic Anonymous' Twelve Steps. However, I would like to settle down and be married to someone someday, and my now incessant sex life may be interfering with that goal, if only by building a momentum that will prove challenging to break. So, on the Fourth of July, I declared my independence from my unpolished lust.
Any NA member can tell you what happened next. Skimming the book didn't work in 11th grade Honors English, and it certainly doesn't work now. It did not take me long to realize just how much of an addict I was.

I have often noticed that whenever I make plans to do one thing, opportunities to the exact opposite become instantly available. I make plans to stop sleeping with men; Morris Chestnut's twin gets on the train at North Avenue, sits in the seat across from mine and starts flirting... hard. It is as if the universe is intentionally testing my resolve. I usually fail the test.
Mr. Subway and I did exchange numbers... and bodily fluids. After a few weeks of mediocre conversation and fabulous sex, he disappeared. I no longer remember who stopped calling first (It was probably him). I do remember that he was a great cuddler. I have never slept so soundly in bed with another man. But we had many differences. Mr. Subway was much older, inexcusably religious, and lived in another area code. The Cruise Card I purchased to zip through the tollbooths between our apartments was the best thing to come out of our "relationship."

I have since restarted my sex fast several times. I can now survive for several weeks without any sexual contact, excluding kissing, without assaulting anyone. I can go months without intercourse. While I

continued on page 80

SUSTIVA (efavirenz) in combination with other antiretroviral agents is indicated for the treatment of HIV-1 infection.

SUSTIVA does not cure HIV or prevent passing HIV to others.

Safety Information

Many patients have dizziness, trouble sleeping, drowsiness, trouble concentrating, and/or unusual dreams. These feelings tend to go away after taking the medication for a few weeks. Mild to moderate rash is another common side effect. A small number of patients have reported severe depression, strange thoughts, or angry behavior. There have been a few reports of suicide but SUSTIVA has not been established as the cause. SUSTIVA should not be taken with Hismanal® (astemizole), Propulsid® (cisapride), Versed® (midazolam), Halcion® (triazolam) or ergot derivatives. Tell your doctor about any medications or herbal products (particularly St. John's wort) that you are taking. Women should not become pregnant or breast-feed while taking SUSTIVA.

Please see important information about SUSTIVA on next page.

ONE Tablet
Once Daily
SUSTIVA®
efavirenz

BMS Virology™
Bristol-Myers Squibb Company

www.sustiva.com

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T4-K0003 11/02

℞ ONLY

PATIENT INFORMATION

SUSTIVA® (sus-TEE-vah)

[efavirenz (eh-FAH-vih-rehnz)] capsules and tablets

ALERT: Find out about medicines that should NOT be taken with SUSTIVA.

Please also read the section "**MEDICINES YOU SHOULD NOT TAKE WITH SUSTIVA.**"

Read this information before you start taking SUSTIVA. Read it again each time you refill your prescription, in case there is any new information. This leaflet provides a summary about SUSTIVA and does not include everything there is to know about your medicine. This information is not meant to take the place of talking with your doctor.

What is SUSTIVA?

SUSTIVA is a medicine used in combination with other medicines to help treat infection with Human Immunodeficiency Virus (HIV), the virus that causes AIDS (acquired immune deficiency syndrome). SUSTIVA is a type of anti-HIV drug called a "non-nucleoside reverse transcriptase inhibitor" (NNRTI).

SUSTIVA works by lowering the amount of HIV in the blood (viral load). SUSTIVA must be taken with other anti-HIV medicines. When taken with other anti-HIV medicines, SUSTIVA has been shown to reduce viral load and increase the number of CD4 cells, a type of immune cell in blood. SUSTIVA may not have these effects in every patient.

SUSTIVA does not cure HIV or AIDS. People taking SUSTIVA may still develop other infections and complications. Therefore, it is very important that you stay under the care of your doctor.

SUSTIVA has not been shown to reduce the risk of passing HIV to others. Therefore, continue to practice safe sex, and do not use or share dirty needles.

What are the possible side effects of SUSTIVA?

Serious psychiatric problems. A small number of patients experience severe depression, strange thoughts, or angry behavior while taking SUSTIVA. Some patients have thoughts of suicide and a few have actually committed suicide. These problems tend to occur more often in patients who have had mental illness. Contact your doctor right away if you think you are having these psychiatric symptoms, so your doctor can decide if you should continue to take SUSTIVA.

Common side effects. Many patients have dizziness, trouble sleeping, drowsiness, trouble concentrating, and/or unusual dreams during treatment with SUSTIVA. These side effects may be reduced if you take SUSTIVA at bedtime on an empty stomach. They also tend to go away after you have taken the medicine for a few weeks. If you have these common side effects, such as dizziness, it does not mean that you will also have serious psychiatric problems, such as severe depression, strange thoughts, or angry behavior. Tell your doctor right away if any of these side effects continue or if they bother you. It is possible that these symptoms may be more severe if SUSTIVA is used with alcohol or mood altering (street) drugs.

If you are dizzy, have trouble concentrating, or are drowsy, avoid activities that may be dangerous, such as driving or operating machinery.

Rash is common. Rashes usually go away without any change in treatment. In a small number of patients, rash may be serious. If you develop a rash, call your doctor right away. **Rash may be a serious problem in some children.** Tell your child's doctor right away if you notice rash or any other side effects while your child is taking SUSTIVA.

Other common side effects include tiredness, upset stomach, vomiting, and diarrhea.

Changes in body fat. Changes in body fat develop in some patients taking anti-HIV medicine. These changes may include an increased amount of fat in the upper back and neck ("buffalo hump"), in the breasts, and around the trunk. Loss of fat from the legs, arms, and face may also happen. The cause and long-term health effects of these fat changes are not known.

Tell your doctor or healthcare provider if you notice any side effects while taking SUSTIVA.

Contact your doctor before stopping SUSTIVA because of side effects or for any other reason.

This is not a complete list of side effects possible with SUSTIVA. Ask your doctor or pharmacist for a more complete list of side effects of SUSTIVA and all the medicines you will take.

How should I take SUSTIVA (efavirenz)?

General Information

- You should take SUSTIVA on an empty stomach, preferably at bedtime.
- Swallow SUSTIVA with water.
- Taking SUSTIVA with food increases the amount of medicine in your body, which may increase the frequency of side effects.
- Taking SUSTIVA at bedtime may make some side effects less bothersome.
- SUSTIVA must be taken in combination with other anti-HIV medicines. If you take only SUSTIVA, the medicine may stop working.
- Do not miss a dose of SUSTIVA. If you forget to take SUSTIVA, take the missed dose right away, unless it is almost time for your next dose. Do not double the next dose. Carry on with your regular dosing schedule. If you need help in planning the best times to take your medicine, ask your doctor or pharmacist.
- Take the exact amount of SUSTIVA your doctor prescribes. Never change the dose on your own. Do not stop this medicine unless your doctor tells you to stop.
- If you believe you took more than the prescribed amount of SUSTIVA, contact your local Poison Control Center or emergency room right away.
- Tell your doctor if you start any new medicine or change how you take old ones. Your doses may need adjustment.
- When your SUSTIVA supply starts to run low, get more from your doctor or pharmacy. This is very important because the amount of virus in your blood may increase if the medicine is stopped for even a short time. The virus may develop resistance to SUSTIVA and become harder to treat.
- Your doctor may want to do blood tests to check for certain side effects while you take SUSTIVA.

Capsules

- The dose of SUSTIVA capsules for adults is 600 mg (three 200 mg capsules, taken together) once a day by mouth. The dose of SUSTIVA for children may be lower (see **Can children take SUSTIVA?**).

Tablets

- The dose of SUSTIVA tablets for adults is 600 mg (one tablet) once a day by mouth.

Can children take SUSTIVA?

Yes, children who are able to swallow capsules can take SUSTIVA. Rash may be a serious problem in some children. Tell your child's doctor right away if you notice rash or any other side effects while your child is taking SUSTIVA. The dose of SUSTIVA for children may be lower than the dose for adults. Capsules containing lower doses of SUSTIVA are available. Your child's doctor will determine the right dose based on your child's weight.

Who should not take SUSTIVA?

Do not take SUSTIVA if you are allergic to the active ingredient, efavirenz, or to any of the inactive ingredients. Your doctor and pharmacist have a list of the inactive ingredients.

What should I avoid while taking SUSTIVA?

- **Women taking SUSTIVA should not become pregnant.** Serious birth defects have been seen in animals treated with SUSTIVA. It is not known whether this could happen in humans. **Tell your doctor right away if you are pregnant.** Also talk with your doctor if you want to become pregnant.
- Women should not rely only on hormone-based birth control, such as pills, injections, or implants, because SUSTIVA may make these contraceptives ineffective. Women must use a reliable form of barrier contraception, such as a condom or diaphragm, even if they also use other methods of birth control.
- **Do not breast-feed if you are taking SUSTIVA.** The Centers for Disease Control and Prevention recommend that mothers with HIV not breast-feed because they can pass the HIV through their milk to the baby. Also, SUSTIVA may pass through breast milk and cause serious harm to the baby. Talk with your doctor if you are breast-feeding. You may need to stop breast-feeding or use a different medicine.
- Taking SUSTIVA with alcohol or other medicines causing similar side effects as SUSTIVA, such as drowsiness, may increase those side effects.
- Do not take any other medicines without checking with your doctor. These medicines include prescription and non-prescription medicines and herbal products, especially St. John's wort.

Before using SUSTIVA, tell your doctor if you

- **have problems with your liver, or have hepatitis.** Your doctor may want to do tests to check your liver while you take SUSTIVA.
- **have ever had mental illness or are using drugs or alcohol.**

What important information should I know about taking other medicines with SUSTIVA (efavirenz)?

SUSTIVA may change the effect of other medicines, including ones for HIV, and cause serious side effects. Your doctor may change your other medicines or change their doses. Other medicines, including herbal products, may affect SUSTIVA. For this reason, **it is very important to:**

- Let all your doctors and pharmacists know that you take SUSTIVA.
- Tell your doctors and pharmacists about all medicines you take. This includes those you buy over-the-counter and herbal or natural remedies.

Bring all your prescription and non-prescription medicines as well as any herbal remedies that you are taking when you see a doctor, or make a list of their names, how much you take, and how often you take them. This will give your doctor a complete picture of the medicines you use. Then he or she can decide the best approach for your situation.

Taking SUSTIVA with St. John's wort *(hypericum perforatum)*, an herbal product sold as a dietary supplement, or products containing St. John's wort is not recommended. Talk with your doctor if you are taking or are planning to take St. John's wort. Taking St. John's wort may decrease SUSTIVA levels and lead to increased viral load and possible resistance to SUSTIVA or cross-resistance to other anti-HIV drugs.

MEDICINES YOU SHOULD NOT TAKE WITH SUSTIVA

The following medicines may cause serious and life-threatening side effects when taken with SUSTIVA. You should not take any of these medicines while taking SUSTIVA**:

- Hismanal® (astemizole)
- Propulsid® (cisapride)
- Versed® (midazolam)
- Halcion® (triazolam)
- Ergot medications (for example, Wigraine® and Cafergot®)

The following medicines may need to be replaced with another medicine when taken with SUSTIVA**:

- Fortovase®, Invirase® (saquinavir)
- Biaxin® (clarithromycin)

The following medicines may need to have their dose changed when taken with SUSTIVA**:

- Crixivan® (indinavir)
- Mycobutin® (rifabutin)
- Methadone

These are not all the medicines that may cause problems if you take SUSTIVA. Be sure to tell your doctor about all medicines that you take.

General advice about SUSTIVA:

Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. Do not use SUSTIVA for a condition for which it was not prescribed. Do not give SUSTIVA to other people, even if they have the same symptoms you have. It may harm them.

Keep SUSTIVA at room temperature (77°F) in the bottle given to you by your pharmacist. The temperature can range from 59° to 86°F.

Keep SUSTIVA out of the reach of children.

This leaflet summarizes the most important information about SUSTIVA. If you would like more information, talk with your doctor. You can ask your pharmacist or doctor for the full prescribing information about SUSTIVA, or you can visit the SUSTIVA website at http://www.sustiva.com or call 1-800-426-7644.

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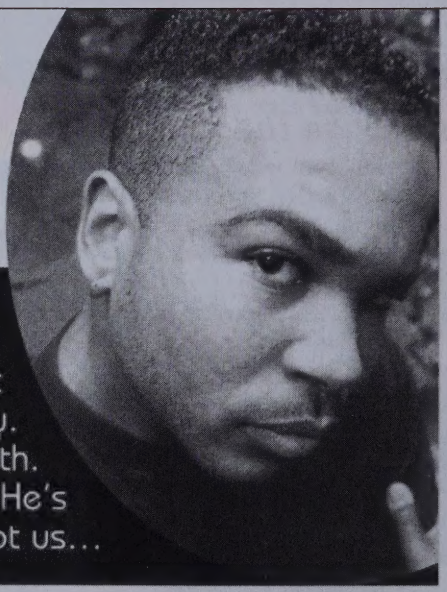
Bill Peters, Executive Director of GMAD and Comedian Keith Price

The Angel Award, named after the late GMAD founder, Reverend Charles Angel, is the highest honor bestowed by the organization to publicly recognize individuals and organizations for their contributions to the Black, gay community. GMAD's mission is to provide quality and culturally sensitive services in the following areas: education, advocacy, health and wellness promotion, and social support. Programs range from innovative programs targeting youth and seniors, to weekly discussion groups, to HIV prevention outreach and mental health promotion, as well as participation in public policy initiatives affecting Black gay men locally and nationally.

People Into Living:



Meet Bernard. He's on the move and having fun. Serious about friendship. Family. Responsibility. Health. Mistakes can be deadly. He's not in this alone. He's got us...

HIV prevention and support services for all black gay and bisexual me.

- support groups
- HIV counseling & testing
- individual & group psychotherapy
- case management
- HIV telephone help line (202-546-5300)
- community theatre & forums

CFC # 7703

202-546-8200
TTY 202-546-4416

US HELPING US

US HELPING US Inc.
811 Street, SE
Washington, D.C. 20003

Funded by the D.C. Department of Health, Administation for HIV/AIDS • CFC 7703

HIV+?

Fed up with feeling worn out?

GETTING HELP STARTS HERE.
Take the short test on the other side of this card,
and take it to your doctor.

PROCRIT®
EPOETIN ALFA

TAKE THIS SHORT TEST.
Find out if anemia might be stopping you from getting things done.

How much, if at all, does your health now limit you in the following activities?

1. The kind or amount of vigorous activities you can do, like lifting heavy objects, running, or participating in strenuous sports.

   - ☐ YES, limited a lot
   - ☐ YES, limited a little
   - ☐ NO, not limited at all

2. The kind or amount of moderate activities you can do, like moving a table, or carrying groceries.

   - ☐ YES, limited a lot
   - ☐ YES, limited a little
   - ☐ NO, not limited at all

3. Walking uphill or climbing a few flights of stairs.

   - ☐ YES, limited a lot
   - ☐ YES, limited a little
   - ☐ NO, not limited at all

4. Eating, dressing, bathing, or cooking a meal.

   - ☐ YES, limited a lot
   - ☐ YES, limited a little
   - ☐ NO, not limited at all

5. Your social activities, like visiting with friends and family.

   - ☐ YES, limited a lot
   - ☐ YES, limited a little
   - ☐ NO, not limited at all

If you answered **"YES, LIMITED A LOT"** or **"YES, LIMITED A LITTLE"** to most questions, you may have anemia.

SHOW THIS TEST TO YOUR DOCTOR, AND ASK IF YOU SHOULD HAVE A BLOOD TEST.

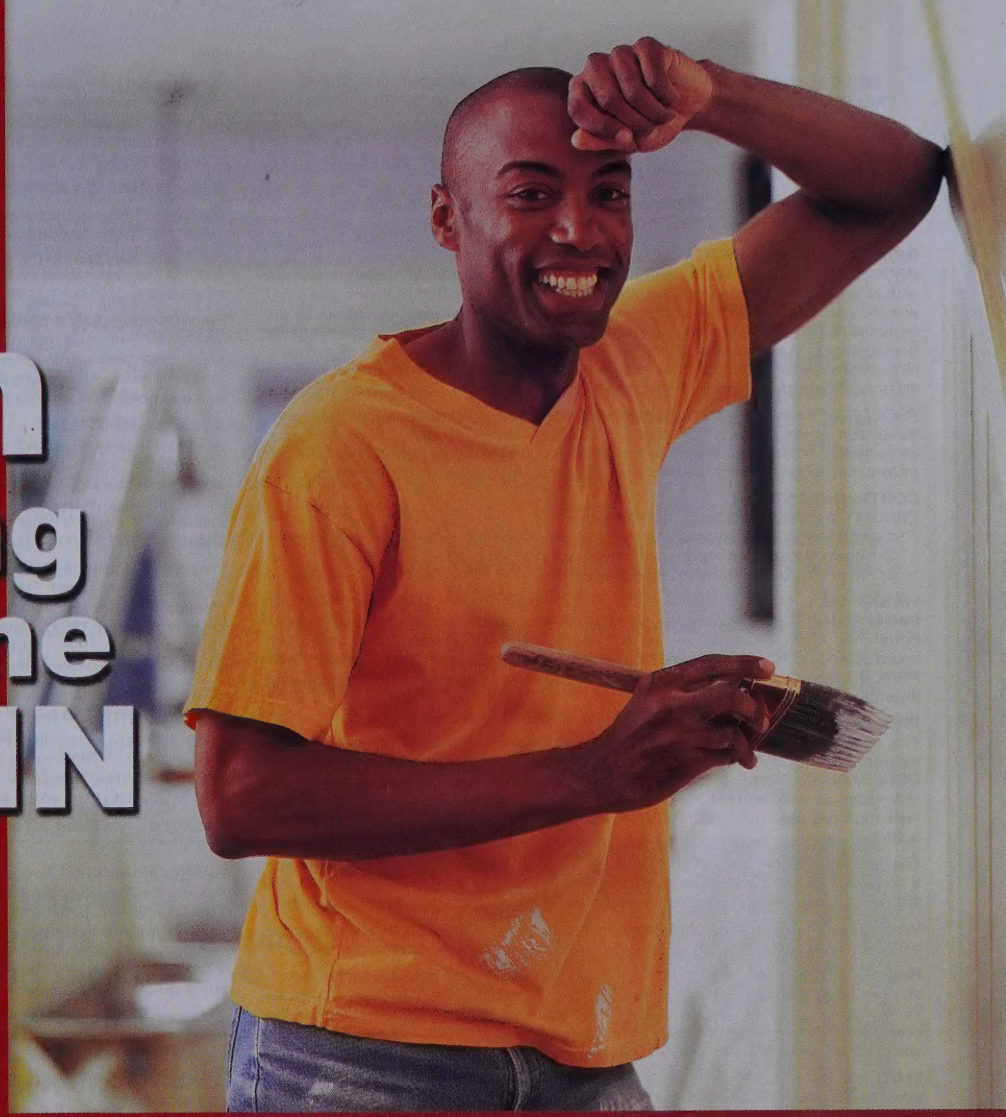
If you do have anemia, he or she can decide what treatment, if any, is right for you.

See important safety and product information on the accompanying advertisement.

PROCRIT®
EPOETIN ALFA

Manufactured by Amgen Inc., Thousand Oaks, California 91320-1789
Distributed by: **Ortho Biotech Products, L.P.**, Raritan, New Jersey 08869-0670

I'm getting it done AGAIN



If you don't have the energy to do the things you used to do, **ASK YOUR DOCTOR** about your red blood cell count.

You may have anemia.

Feeling good isn't just about viral loads and T-cell counts. HIV and HIV medications (including AZT) can deplete your body's red blood cells and cause anemia. And anemia can make you feel tired and weak. Anemia affects 1 out of 4 people who are HIV+ and 3 out of 4 people with AIDS.

PROCRIT® (Epoetin alfa) is identical to the hormone your body naturally produces to increase your red blood cell count. More red blood cells can mean more energy.

It's a treatment that's been used for over 10 years and for more than 1 million patients. If you think anemia is stopping you from getting things done, ask your doctor if PROCRIT is right for you.

PROCRIT is an effective treatment for anemia induced by AZT-containing regimens in HIV patients. PROCRIT is proven and safe. In studies, side effects were similar in PROCRIT- and placebo-treated patients. PROCRIT is available by prescription only and is injected by your doctor or nurse. For complete details, see the Brief Prescribing Information on the following page.

PROCRIT®
EPOETIN ALFA
Strength for Living®

FOR ANEMIA INDUCED BY AZT-CONTAINING REGIMENS IN HIV PATIENTS

For more information, please call **1-888-839-5891** or visit **www.PROCRIT.com**

Manufactured by Amgen Inc., Thousand Oaks, California 91320-1789
Distributed by: **Ortho Biotech Products, L.P.**, Bridgewater, New Jersey 08807-0914

BRIEF SUMMARY OF PRESCRIBING INFORMATION INDICATED FOR THE TREATMENT OF ANEMIA IN ZIDOVUDINE-TREATED HIV-INFECTED PATIENTS

PROCRIT®

EPOETIN ALFA

For Injection

FOR FULL PRESCRIBING INFORMATION FOR ALL INDICATIONS, REFER TO THE PHYSICIANS' DESK REFERENCE®

INDICATIONS AND USAGE

PROCRIT® (Epoetin alfa) is indicated for the treatment of anemia related to therapy with zidovudine in human immunodeficiency virus (HIV)-infected patients. PROCRIT is indicated to elevate or maintain the red blood cell level [as manifested by the hematocrit (HCT) or hemoglobin determinations] and to decrease the need for transfusions in these patients. PROCRIT is not indicated for the treatment of anemia in HIV-infected patients due to other factors such as iron or folate deficiencies, hemolysis or gastrointestinal bleeding, which should be managed appropriately.

PROCRIT, at a dose of 100 U/kg 3 times per week (TIW), is effective in decreasing the transfusion requirement and increasing the red blood cell level of anemic, HIV-infected patients treated with zidovudine, when the endogenous serum erythropoietin level is ≤500 mU/mL and when patients are receiving a dose of zidovudine ≤4200 mg/week.

CONTRAINDICATIONS

PROCRIT is contraindicated in patients with:

1) Uncontrolled hypertension.
2) Known hypersensitivity to mammalian cell-derived products.
3) Known hypersensitivity to Albumin (Human).

WARNINGS

Pediatric Use: The multidose preserved formulation contains benzyl alcohol. Benzyl alcohol has been reported to be associated with an increased incidence of neurological and other complications in premature infants, which are sometimes fatal. PROCRIT therapy has not been linked to exacerbation of hypertension, seizures, and thrombotic events in HIV-infected patients.

PRECAUTIONS

The parenteral administration of any biologic product should be attended by appropriate precautions in case allergic or other untoward reactions occur (see CONTRAINDICATIONS). In clinical trials, while transient rashes were occasionally observed concurrently with PROCRIT therapy, no serious allergic or anaphylactic reactions were reported. (See ADVERSE REACTIONS for more information regarding allergic reactions.)

The safety and efficacy of PROCRIT therapy have not been established in patients with a known history of a seizure disorder or underlying hematologic disease (eg, sickle cell anemia, myelodysplastic syndromes, or hypercoagulable disorders).

In some female patients, menses have resumed following PROCRIT therapy; the possibility of pregnancy should be discussed and the need for contraception evaluated.

Hematology: Exacerbation of porphyria has been observed rarely in patients with chronic renal failure (CRF) treated with PROCRIT. However, PROCRIT has not caused increased urinary excretion of porphyrin metabolites in normal volunteers, even in the presence of a rapid erythropoietic response. Nevertheless, PROCRIT should be used with caution in patients with known porphyria.

In preclinical studies in dogs and rats, but not in monkeys, PROCRIT therapy was associated with subclinical bone marrow fibrosis. Therefore, zidovudine-treated HIV-infected patients should have HCT measured once a week (QW) until HCT has been stabilized, and measured periodically thereafter.

Delayed or Diminished Response: If the patient fails to respond or to maintain a response to doses within the recommended dosing range, the following etiologies should be considered and evaluated: 1) Iron deficiency: Virtually all patients will eventually require supplemental iron therapy (see Iron Evaluation). 2) Underlying infectious, inflammatory, or malignant processes. 3) Occult blood loss. 4) Underlying hematologic diseases (ie, thalassemia, refractory anemia, or other myelodysplastic disorders). 5) Vitamin deficiencies: folic acid or vitamin B12. 6) Hemolysis. 7) Aluminum intoxication. 8) Osteitis fibrosa cystica.

Iron Evaluation: During PROCRIT therapy, absolute or functional iron deficiency may develop. Functional iron deficiency, with normal ferritin levels but low transferrin saturation, is presumably due to the inability to mobilize iron stores rapidly enough to support increased erythropoiesis. Transferrin saturation should be at least 20% and ferritin should be at least 100 ng/mL.

Prior to and during PROCRIT therapy, the patient's iron status, including transferrin saturation (serum iron divided by iron binding capacity) and serum ferritin, should be evaluated. Virtually all patients will eventually require supplemental iron to increase or maintain transferrin saturation to levels which will adequately support erythropoiesis stimulated by PROCRIT.

Drug Interactions: No evidence of interaction of PROCRIT with other drugs was observed in the course of clinical trials.

Carcinogenesis, Mutagenesis, and Impairment of Fertility: Carcinogenic potential of PROCRIT has not been evaluated. PROCRIT does not induce bacterial gene mutation (Ames Test), chromosomal aberrations in mammalian cells, micronuclei in mice, or gene mutation at the HGPRT locus. In female rats treated intravenously (IV) with PROCRIT, there was a trend for slightly increased fetal wastage at doses of 100 and 500 U/kg.

Pregnancy Category C: PROCRIT has been shown to have adverse effects in rats when given in doses 5 times the human dose. There are no adequate and well-controlled studies in pregnant women. PROCRIT should be used during pregnancy only if potential benefit justifies the potential risk to the fetus.

In studies in female rats, there were decreases in body weight gain, delays in appearance of abdominal hair, delayed eyelid opening, delayed ossification, and decreases in the number of caudal vertebrae in the F1 fetuses of the 500 U/kg group. In female rats treated IV, there was a trend for slightly increased fetal wastage at doses of 100 and 500 U/kg.

Nursing Mothers: Postnatal observations of the live offspring (F1 generation) of female rats treated with PROCRIT during gestation and lactation revealed decreases in body weight gain, delays in appearance of abdominal hair, eyelid opening, and decreases in the number of caudal vertebrae in the F1 fetuses of the 500 U/kg group. It is not known whether PROCRIT is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when PROCRIT is administered to a nursing woman.

Pediatric Use: See WARNINGS, Pediatric Use.

Pediatric HIV-Infected Patients: Published literature has reported the use of PROCRIT in 20 zidovudine-treated anemic HIV-infected pediatric patients ages 8 months to 17 years, treated with 50 to 400 U/kg subcutaneously (SC) or IV, 2 to 3 times per week (BIW to TIW). Increases in hemoglobin levels and in reticulocyte counts, and decreases in or elimination of blood transfusions were observed.

Hypertension: Exacerbation of hypertension has not been observed in zidovudine-treated HIV-infected patients treated with PROCRIT. However, PROCRIT should be withheld in these patients if preexisting hypertension is uncontrolled, and should not be started until blood pressure (BP) is controlled. In double-blind studies, a single seizure has been experienced by a patient treated with PROCRIT.

ADVERSE REACTIONS

Adverse events reported in clinical trials with PROCRIT in zidovudine-treated HIV-infected patients were consistent with the progression of HIV infection. In double-blind, placebo-controlled studies of 3-months duration involving approximately 300 zidovudine-treated HIV-infected patients, adverse events with an incidence of ≥10% in either patients treated with PROCRIT or placebo-treated patients were:

Percent of Patients Reporting Event: Event followed by Patients Treated With PROCRIT (N=144) first, Placebo-Treated Patients (N=153) second:
Pyrexia 38%, 29%; Fatigue 25%, 31%; Headache 19%, 14%; Cough 18%, 14%; Diarrhea 16%, 18%; Rash 16%, 8%; Congestion, Respiratory 15%, 10%; Nausea 15%, 12%; Shortness of Breath 14%, 13%; Asthenia 11%, 14%; Skin Reaction (Administration Site) 10%, 7%; Dizziness 9%, 10%.

There were no statistically significant differences between treatment groups in the incidence of the above events.

In the 297 patients studied, PROCRIT was not associated with significant increases in opportunistic infections or mortality. In 71 patients from this group treated with PROCRIT at 150 U/kg TIW, serum p24 antigen levels did not appear to increase. Preliminary data showed no enhancement of HIV replication in infected cell lines in vitro.

Peripheral white blood cell and platelet counts are unchanged following PROCRIT therapy.

Allergic Reactions: Two zidovudine-treated HIV-infected patients had urticarial reactions within 48 hours of their first exposure to study medication. One patient was treated with PROCRIT and one was treated with placebo (PROCRIT vehicle alone). Both patients had positive immediate skin tests against their study medication with a negative saline control. The basis for this apparent preexisting hypersensitivity to components of the PROCRIT formulation is unknown, but may be related to HIV-induced immunosuppression or prior exposure to blood products.

Seizures: In double-blind and open-label trials of PROCRIT in zidovudine-treated HIV-infected patients, 10 patients have experienced seizures. In general, these seizures appear to be related to underlying pathology such as meningitis or cerebral neoplasms, not PROCRIT therapy.

OVERDOSAGE

The maximum amount of PROCRIT that can be safely administered in single or multiple doses has not been determined. Doses of up to 1500 U/kg TIW for 3 to 4 weeks have been administered to adults without any direct toxic effects of PROCRIT itself. Therapy with PROCRIT can result in polycythemia if the HCT is not carefully monitored and the dose appropriately adjusted. If the suggested target range is exceeded, PROCRIT may be temporarily withheld until the HCT returns to the suggested target range; PROCRIT therapy may then be resumed using a lower dose (see DOSAGE AND ADMINISTRATION). If polycythemia is of concern, phlebotomy may be indicated to decrease the HCT.

DOSAGE AND ADMINISTRATION

Prior to beginning PROCRIT, it is recommended that the endogenous serum erythropoietin level be determined (prior to transfusion). Available evidence suggests that patients receiving zidovudine with endogenous serum erythropoietin levels >500 mU/mL are unlikely to respond to therapy with PROCRIT.

Starting Dose: For adult patients with serum erythropoietin levels ≤500 mU/mL who are receiving a dose of zidovudine ≤4200 mg/week, the recommended starting dose of PROCRIT is 100 U/kg as an IV or SC injection TIW for 8 weeks. For pediatric patients, see PRECAUTIONS, Pediatric Use.

Increase Dose: During the dose adjustment phase of therapy, the HCT should be monitored weekly. If the response is not satisfactory in terms of reducing transfusion requirements or increasing HCT after 8 weeks of therapy, the dose of PROCRIT can be increased by 50-100 U/kg TIW. Response should be evaluated every 4-8 weeks thereafter and the dose adjusted accordingly by 50-100 U/kg increments TIW. If patients have not responded satisfactorily to a PROCRIT dose of 300 U/kg TIW, it is unlikely that they will respond to higher doses of PROCRIT.

Maintenance Dose: After attainment of the desired response (ie, reduced transfusion requirements or increased HCT), the dose of PROCRIT should be titrated to maintain the response based on factors such as variations in zidovudine dose and the presence of intercurrent infectious or inflammatory episodes. If the HCT exceeds 40%, the dose should be discontinued until the HCT drops to 36%. The dose should be reduced by 25% when treatment is resumed and then titrated to maintain the desired HCT.

STORAGE

Store at 2° to 8°C (36° to 46°F). Do not freeze or shake.

◆

ORTHO BIOTECH

Manufactured by: Amgen Inc., US Lic. # 1080, Thousand Oaks, California 91320-1789
Distributed by: **Ortho Biotech Products, L.P.**, Raritan, New Jersey 08869-0670
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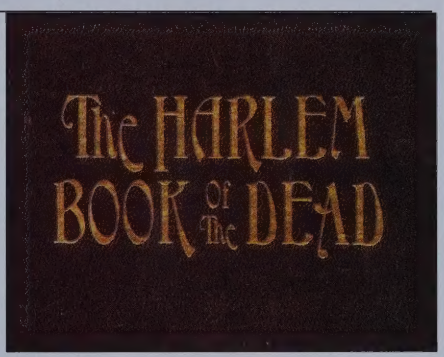
Everything But the Burden:
What White People Are Taking from Black Culture, Greg Tate, Broadway Books/2003.

Retired basketball star Charles Barkeley once remarked on the irony of living in a time when America's best rapper is white and best golfer is black. Barkeley is not the only one that has noticed that our nation is going through a racial identity crisis. Today, if you stood a white teenager from northern Idaho next to a black teenager from Harlem, chances are you might not see much of a difference in the clothes they wear, the music they listen to, the slang they speak, or the sports icons they admire.

Village Voice writer Greg Tate has enlisted prominent black intellectuals and writers from the worlds of music, pop culture, literature, and mass media to tackle this topic in a series of original works in *Everything But The Burden: What White People Are Taking from Black Culture* (Broadway Books/2003).

The book examines the phenomenon underway where race lines are becoming blurred-in the White appreciation for (and emulation of) Black culture. From fetishizing black bodies to spinning the thug life into glamorous commodity, White America takes on "everything but the burden" from African Americans and appropriates it as its own.

Resurrection in Harlem
Renaissance photographer's funerary photographs are keeping his subjects alive
review by Shira Behiri



James Van Der Zee (photography), Owen Dodson, poetry; Camille Billops, text Morgan & Morgan, New York, 1978

This year marks the 20th anniversary of the death of acclaimed African American photographer James Van Der Zee, and the 25th anniversary of his controversial yet captivating book, *The Harlem Book of the Dead.* Even 25 years later, Van Der Zee's works are still on display across the nation, and his books are bought and studied.

The Harlem Book of the Dead is a remarkable anthology that focuses on the funerary photographs of James Van Der Zee, interspersed with the evocative, death-themed poetry of novelist/poet Owen Dodson. Disparate aspects of Van Der Zee's life are revealed through a Q & A interview session conducted by prominent African American artist Camille Billops, during which time Van Der Zee was ninety-one years of age.

Van Der Zee was a renaissance man best known for his compelling photos of middle-class African Americans shot during the first half of the twentieth century, most notably during the Harlem Renaissance of the 1920's and 30's. Van Der Zee, an able pianist and violinist, put aside a musical career, opting to work as a professional photographer in order to support his family. The bulk of Van Der Zee's works were only "discovered" during the 1960's when he was an octogenarian, whereupon widespread recognition followed and his compelling images of African American life were widely circulated and exhibited in museums.

In the text's preface novelist Toni Morrison poignantly comments, "...the narrative quality, the intimacy, the humanity of his photographs are stunning." What follows are a series of Van Der Zee's soft, yet clear, black and white photos, primarily long-shot depictions of open-caskets.

The deceased are often dressed in elegant, light-colored clothing and surrounded by elaborate floral bouquets. Van Der Zee's subjects cross the gamut of age and circumstance, ranging from deceased infants posing with stuffed animals, to well-to do elderly gentlemen in gleaming caskets, to young soldiers poised in military pomp, American flags draped in the background. These images, as Toni Morrison describes, are "humane", but never overly sentimental. This also applies to Van Der

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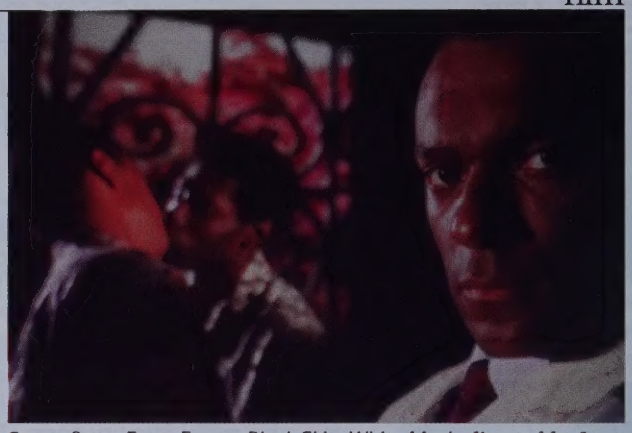
Harvard salutes gay black filmmakers



Scene from *Franz Fanon: Black Skin, White Mask*, directed by Isaac Julien. Photo Credit: California Newsreel

"The films they bring together are always fantastic, but what really sets the Harvard festival apart is the focus on dialogue between artist and audience."

Scene from *The Attendant*, directed by Isaac Julien. Photo Credit: Frameline

In conjunction with the Harvard University Black Arts Festival, the Harvard Black Film Festival was held on the campus of Harvard University on February 28-March 2.

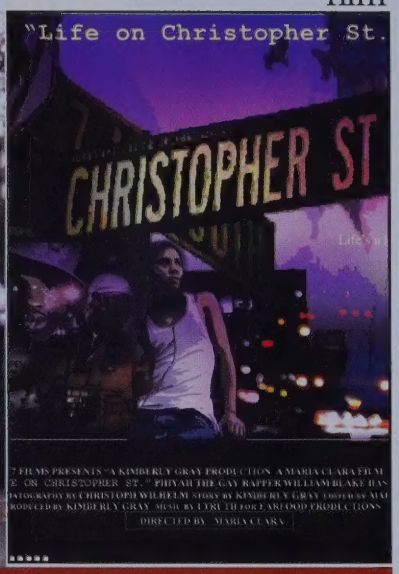
The hundreds in the audiences for the numerous film screenings and panel discussions were like a who's who of independent filmmakers. In addition, film enthusiasts, executives and established artists, as well as those aspiring to these positions were in attendance. The best thing about this festival is that it provides a variety of opportunities to interact with professional filmmakers and enter a vibrant dialogue on Black artistic expression.

A highlight of the festival was a special tribute to Black queer filmmakers, with films including *Chocolate Babies* and the new documentary *Life on Christopher St.* The two-day tribute aimed to expose the breadth and vitality of the Black-queer experience. It also featured the work of legendary filmmakers such as Marlon Riggs and Isaac Julien, among others.

"The films they bring together are always fantastic, but what really sets the Harvard festival apart is the focus on dialogue between artist and audience," says filmmaker Patrik-Ian Polk, whose 2001 film *Punks* was screened again during the Tribute to Black Queer Filmmakers. "For a filmmaker, that constructive feedback is priceless."

Several other films received a good bit of buzz, including *Civil Brand*, directed by Neema Barnette, which recently appeared at the Sundance Film Festival. *Civil Brand* is a Hip-Hop tale of young Black women behind bars who are forced to unite against a corrupt prison system. Together they form the family unit they never had on the outside. Another big draw at the festival was *Crazy as Hell*, starring Michael Beach and Eriq LaSalle, who also directs the film.

For updates and more information on next year's Harvard Black Film Festival, log on to www.harvardfilmarchive.org or www.blackartsfestival.net.



paris is still burning

words & images
by Tony D. J. Dodson

Life on Christopher St. will be released on DVD in late March by Urban Box Office. For more ifo www.ubo.com or www.ubo.net

More than a decade after the ground-breaking documentary by Jennie Livingston *Paris is Burning*, a new documentary emerges to shine a different light on the life of New York City's gay urban youth who call Christopher Street their home.

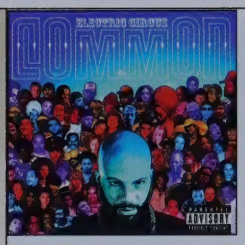
Life on Christopher St. (77 Films) is the first installment of a three-part documentary series that captures the underside of a subculture engulfing the upscale waterfront neighborhood in the West Village of Manhattan.

The trials and dramas that make up *Life on Christopher St.* are told by Black and Latino teenagers who are runaways, prostitutes, and "homo thugs." These young people share their views on the lifestyle in a Hip-Hop generation, and what it takes to keep it real while surviving on the city's concrete streets.

Underscoring the film's Hip-Hop themes is a soundtrack which was produced by I Truth for Earfood Productions. The soundtrack features tracks like "Oops I Swallowed It!" by Sidney B a.k.a. 'The Original Gay Rapper.'

"The second installment [in the series], *Pride*, is in post-production," says 77 Films producer Kimberly Gray. "Working with Heritage of Pride, we captured various pride events throughout New York. We are currently shooting the third film, *The Chelsea Project,* which is still in its hush-hush stage.

MTV has asked 77 Films to shoot a Brazilian version of *Life on Christopher St.* "Unlike New York, Rio's gay scene doesn't [support] labels like "homo thugs" or "DL" (Down-Low lifestyle)," says film director Maria Clara. "In Brazil, they refrain from categorizing people that way."



random rotation

take a spin with music's hottest disc-overies

words by Michael K. Watts

Common/Electric Circus/MCA

To hear Common's fifth album *Electric Circus* is to understand its musically complex innovations in Hip-Hop. His first single, the toasty Hip-Hop lullaby "Come Close" featuring Mary J. Blige, is barely indicative of the album's musical intensity. Lyrically brilliant on so many levels, his latest album finds him liberated from his homophobic past and boldly accepting of homosexuality, as in "Between Me, You & Liberation:" How could I judge him?/'Had to accept him./If I truly loved him. Common explains, "I ain't gon' disrespect nobody 'cause they homosexual. I can't even work like that no more."

Common says with this album he wanted "to create something beyond what we thought Hip-Hop could be." And that's exactly what he's done on Electric Circus, with co-writing and co-producing help from the Soulquarians--Common's collective of musicians like The Roots drummer Ahmir "?uestlove" Thompson. Common breaks new ground with the trance-inducing "Soul Power" and the swing-flavored, two-stepping "I Am Music" (featuring Jill Scott). His newfound appreciation for classic rock is evident in the psychedelic rock ditty "New Wave." Stand out tracks like "Electric Wire Hustler Flower" (featuring P.O.D.'s Sonny) and "I Got a Right Ta" (featuring

The Neptunes' Pharrell Williams) will have Hip-Hop heads nodding and metal heads moshing. On "Star *69 (PS with Love)," he has poetically-erotic phone sex while Prince backs him up on keys and guitar.

Collaborating with Bilal, Cee-Lo, Omar, and Erykah Badu (her vocal influences can be heard throughout), Common brings a neo-funkedelic dimension to his new brand of Hip-Hop. Ultimately, he achieves an inventive balance of Hip-Hop, R&B and Rock with *Electric Circus*--a must-have for any true music lover. Sleep not on this one.

Kenny Lattimore and Chanté Moore /Things That Lovers Do /Arista

Having just celebrated their first wedding anniversary, Kenny Lattimore and Chanté Moore are cookin' up some old-school lovin' on their first collection of duets, *Things That Lovers Do*. As they await the arrival of their first-born in April, R&B's hottest couple has recorded ten of their favorite, classic, R&B love songs in a fitting musical testimony to their beautiful union. Moore's creamy vocals sound angelic laced atop Lattimore's passionate chords on the enchanting "With You I'm Born Again" and "You Don't Have to Cry." The latter finds the lovebirds deep in romantic pillow talk--the kind of intimate chatter that leads to frictional brown skin, as in the love-making litany, "Close the Door." Lattimore and Moore pretty much stick to the original vocal and musical arrangements, adding their own emotions and vocal punctuations as needed. Moore matches Lattimore's screams of passion with powerful trills as she asks, "Is It Still Good To You."

Sounding like an orgasmic, hot-oiled, deep-tissue massage, the first single from the album is the soft and sensual "Loveable (From Your Head to Your Toes)." Along with the album's title cut, "Loveable" is one of the collection's two new tracks produced by Jimmy Jam and Terry Lewis. *Things That Lovers Do* is also the name of the soulful duo's touring stage musical, inspired by the music of the album and loosely based on their lives. This is a very personal album, and their undeniable love for one another inspires and shines through in every lyric, every note. Although some renditions don't quite measure up--like the mediocre "Love Saw It"--the collection is an elegant, romantic keepsake for single lovers or life-long partners. Light some candles for this one.

Solange/Solo Star/Music World/Columbia

The highly anticipated debut from Solange is an extension of the multi-talented songwriter, producer and former dancer for Destiny's Child. Unlike the booty-bumping tracks of her big sister Beyonce Knowles' hit-making trio, *Solo Star* is a musical soundtrack for youthful innocence. Titles like "Wonderland" and "Feel Good Song" are indicative of the album's perky, adolescent tone. Solange shows her shy side by offering a hip appeal for a boy to give her a chance on the leadoff single, "Feelin' You (Part I & II)," which features N.O.R.E. on the dancehall-flavored remix. She co-produced the latter track with Knowles, who also joins her younger sister on the coming-of-age declaration, "Naïve" (Da Brat also slings hot rhymes on that one).

With a voice that's still maturing, Solange's vocals are bold and confident, as on the catchy urban symphony "Get Together," produced by Timbaland. Other producers on Solo Star include Kandi Burrus, Rockwilder, and The Neptunes, who offer "Crush," a girl's colorful, sunshiny serenade to the boy she's really digging. The track that follows is "True Love," a cute duet with Lil' Romeo which finds her singing lines from Luther Vandross' "So Amazing."

Solange's first musical foray likely won't make the musical history books. But if you need a break from the perversion and violence of today's urban music, *Solo Star* is a collection fit for the kids or the big kids.

Darwin Hobbs/Broken/EMI Gospel

Contemporary Gospel powerhouse Darwin Hobbs is riding high on his journey as a successful recording artist. The third musical stop on that journey is *Broken*, a hybrid of his movin'-groovin' and solemn, peaceful performance styles. Danceable tracks like "Unexplainable" and the Mike City-produced "Against the World" find him getting his praise on amidst early-1980's-style bass lines and chords. Then, he flips it with his stirring ballad, "Nobody Like Jesus," a moving duet with R&B-turned-Gospel singer Shirley Murdock.

A worship leader for Atlanta's 25,000-member New Birth Missionary Baptist Church, Hobbs says he's a worshipper first, and it's reflected in his life and music. His surrendering prayer, "Break Me/Draw Me (Medley)," sums up the album's theme of brokenness, a humbled or trained posture which Hobbs says is "the prerequisite for God to get the maximum glory out of all we do." The reverent "We Worship You Today" is a magnificent orchestral piece showcasing Hobb's stellar vocal abilities. His voice even echoes that of Luther Vandross on his tribute to his wife, "Beautiful To Me (Traci's Song)."

Still, *Broken* will get the praise party started, with Tommy Sims-produced tracks like the Earth, Wind & Fire-meets-Zapp "The Light," or the Rufus-meets-Stevie Wonder "The Thank You Song." In the tradition of Kirk Franklin and Mary Mary, Hobbs proves that you can get your groove and your praise on in broken, humble adoration.

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cruising 101

words by Michael Andrea Adams

set sail with the biggest and the baddest!

The cruise industry is pumping out new ships left and right. And never mind the old adage that says "it's not the size of the ship that matters," because they're bigger and badder than ever before! As a result, cruising is now comparable to checking into a preferred resort. Best of all is the opportunity to sample multiple destinations and having to unpack and repack only once. And there's nothing like a breath of fresh air while sailing the high seas.

Onboard there's plenty to experience. Basic amenities range from spas and fitness centers to indoor and outdoor pools (most with Jacuzzi's). Then there are movie theaters, bars, discos, casinos, various classes and lectures on art and other interesting subjects, as well as a plethora of other entertainment.

The cruise industry is divided into several categories, including the increasingly popular black lesbian-gay-bisexual-transgender cruises. A review of these cruises, as well as the newest ships in the most popular mass market and premium categories, are also highlighted below. In addition, there is the luxury class with names like Cunard, where you'll find the legendary Queen Elizabeth and the QE2, which were once benchmarks for luxury cruising. The tagline for The Yachts of Seabourn pretty much sums it up for the luxury market: "Intimate Ships, Uncompromising Luxury."

When choosing a cruise, keep in mind that retirees generally prefer those that last 10 days or more. Therefore, the fast and furious will best be served by a three to seven day voyage. Bon voyage!

LGBT Cruises

For six consecutive years now independent agent Mark Harris of Songmaster Cruises has organized the Black Gay Lesbian Caribbean Paradise. In fact, the cruise is so popular that it grew to two in 2002, with three slated for this year.

This year's BGL Caribbean Paradise, takes place in October aboard Carnival

Cruises. Setting sale for Nassau, St. Thomas and the Dominican Republic from Miami, the seven-day voyage begins at $593.

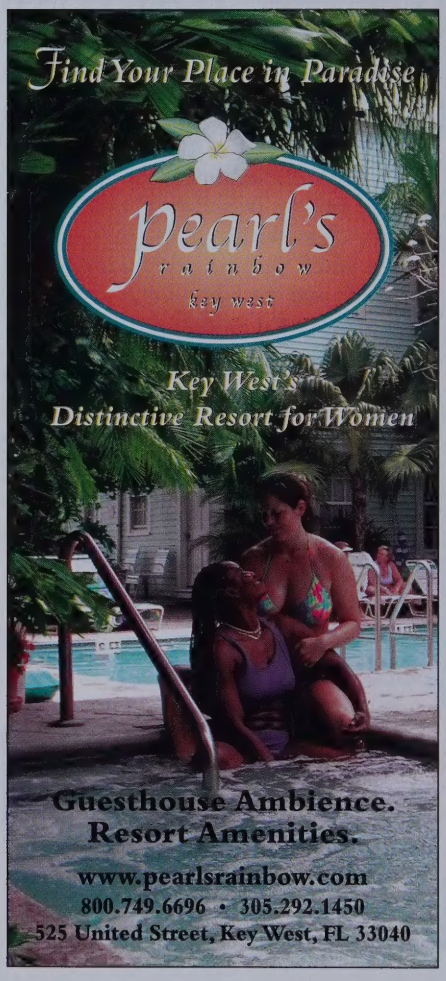
For the ladies, Discretion Travel, an official 'Gay Travel Specialist,' offers a two-day Cruise to Nowhere out of New York starting at $279. "This is perfect for a first time cruiser," according to 35-year veteran travel agent Vickie Carl and office manager at Discretion Travel.

Mass Market Class

Carnival Cruise Lines

Branded as the "Fun ship," Carnival Cruise Lines prides itself on being family-friendly. Its newest arrival is the 2,974-passenger Conquest. Once onboard, teens can experience a special recreation center with a high tech game room with video and arcade games. "Alley" houses a dance club with a video wall that grooves along with the beat of the DJ. In between dancing teens can enjoy "mocktails," specialty coffee and other non-alcoholic drinks and smoothies--adult-like perks less the burdens of responsibility!

Introduced just this past December, Conquest is the largest ship in the fleet to date, not to mention the beginning of a whole new class of ships for Carnival. It is also the fourth ship in the fleet to feature a version of Joe's Stone Crab restaurant, a culinary delight for residents and tourists in sexy, trendy South Beach, Miami. One taste and you'll understand the hype. Afterwards, experience Spa Carnival, the 12,000 square foot health and fitness center, including the brand's first couples-only massage room. While you're there be sure to experience the dry float beds for a heavenly experience. In terms of positioning, Conquest began it's inaugural itinerary in the western Caribbean. Each Sunday the ship sails to Montego Bay, Jamaica; Georgetown, Grand Cayman; and Playa del Carmen/Cozumel, Mexico.



Royal Caribbean

Mention of the biggest and baddest can in no way exclude Royal Caribbean. African Americans at large gravitate to this particular brand of ships for its luxury feel at mass market prices.

The most stunning class of ships in the fleet are named after the Radiance of the Seas. Each ship in the Radiance class is easily identified by glass elevators that face the ocean and a see-through feel throughout the ship achieved by more sparkling clean glass than any other ships in the industry. Now, this is nautical elegance! A humungous fitness center where the cardio equipment faces the ocean and features a personal TV monitor for convenience will keep you looking your best while onboard. Royal Caribbean has set a new standard for younger travelers who aren't necessarily into cruising for food by offering physical activities including a rock climbing wall, a golf simulator or mini golf course, an ice skating rink, inline skating rink, movie theaters, casinos and more.

Royal Caribbean's Voyager class of ship is the originator of the mega class of cruise ships. Introduced back in 1999, the ships in this category stretch beyond several football fields, with a maximum occupancy of 3,835 guests with another 1,185 in crew. In addition to the activities mentioned above, the Voyager class features a Royal Promenade, their version of a shopping mall.

Itineraries include 7-night Caribbean cruises--eastern, western and southern--exclusively out of Miami or San Juan due to the massive size of these vessels.

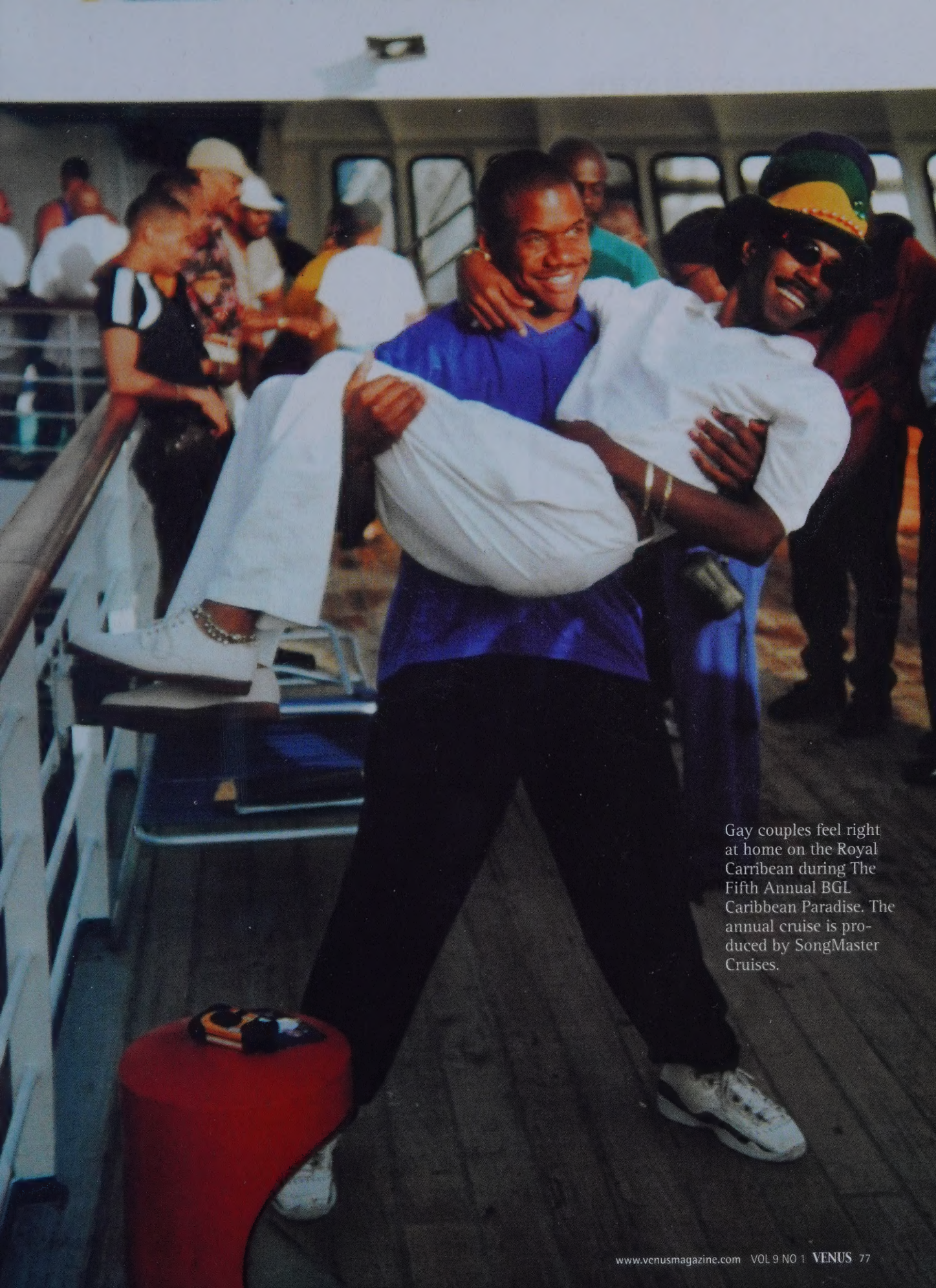
Norwegian Cruise Line

Norwegian Cruise Line is the originator of "freestyle cruising." Symbolized by open seating, extended hours in the main dining room, alternative restaurants and resort casual attire, what was once exclusive is practically commonplace throughout the industry nowadays. In terms of style and atmosphere, NCL ranks itself dead smack in the middle of the mass market and premium classes. Its newest vessel, the Norwegian Dawn, debuted out of New York just this past December. In May the ship will set sail from New York to the Bahamas and Florida. Now, that's out of the box thinking for a major cruise line! And, if Hawaii floats your boat, the 2,240-passenger Norwegian Star, introduced in November of 2001, is the biggest and baddest ship there.

Premium Class

Celebrity Cruises

Consistently ranked among the best of the best by Travel & Leisure and Conde Nast publications, Celebrity



Gay couples feel right at home on the Royal Carribean during The Fifth Annual BGL Caribbean Paradise. The annual cruise is produced by SongMaster Cruises.

Cruises offers an opportunity to experience near-luxury cruising at close to mass market prices. For example, with a service ratio of 1 staff member for every two passengers, there's always someone to carry your tray from the buffet line to your table and return with a beverage refill. Throughout the entire ship kind and cheerful help is never more than a whisper away.

Introduced in October of 2001, the 1,950 passenger Summit offers an extraordinary 14-night itinerary, an excellent way to sample Cabo San Luca and Acapulco, Mexico; Costa Rica; the wonder of the Panama Canal and Aruba. The Aqua Spa and Fitness Center offers a fabulous menu of spa treatments including the glorious Egyptian Ceremony of Milk and Ginger. The four-hour process begins with an Exotic Enriching Milk Bath in a Jacuzzi tub with pulsating jets at the bottom and all around the sides for optimum relief and enjoyment. Afterwards an Exotic Lime and Ginger Salt Glow is perfect for exfoliation, followed by an Exotic Coconut Rub & Milk Ritual Wrap to moisturize and seal, with a Chakra Balancing Massage to bring you back to earth.

Low-fat, low-calorie, sodium-free and sugar free options, including desserts, are available at every restaurant throughout the ship. Naturally, the meals are reflective of health-conscientious alternatives. However, you'll never experience healthy eating as good!

Princess Cruises

The 2,600 passenger Coral Princess is the latest and greatest debut from Princess Cruises. Arriving just this past January, Coral Princess boasts the unique ability to perform non-denominational marriages and commitment ceremonies while at sea, as opposed to in port, an old-school favorite. And for the friends that could not be with you, the "Wed Cam" broadcasts from chapel to internet.

sick at sea

The Center for Disease Control investigated 22 reports of gastroenteritis aboard 18 cruise ships beginning January 1 through February, 2003. Of the 22 outbreaks, 9 were confirmed to be associated with noroviruses, 3 were attributed to bacterial agents and 10 were unknown etiology.

Noroviruses (i.e., Norwalk-like viruses or NLV) are non-bacterial agents that can cause gastroenteritis. Symptoms include sudden onset of nausea, vomiting, and watery diarrhea that can last from 12-60 hours.

The virus is transmitted by fecal-oral contact, directly from person-to-person, through contaminated food or water, or contact with a surface that has been contaminated. Basic hygienic practices, such as frequent and thorough hand washing and avoiding contact with other passengers when ill, are important measures to prevent the spread of disease.

While one should always be cognizant of the possibilities, in reality the number above are generally far less than what is found in any airport, hospital or other. The difference is that cruise ships are required to report such cases that occur onboard. So, hey, don't sweat the small stuff.

getting there

BLGBT Cruises
The Sixth Annual BGL Caribbean Paradise SongMaster Cruises www.Bglcruise.com
Cruise to Nowhere-Discretion Travel
212/368-0717
traveldiscretion@aol.com
Carnival Cruise Lines www.carnival.com
Royal Caribbean International www.royal-caribbean.com
Norwegian Cruise Line www.ncl.com
Celebrity Cruises www.celebrity-cruises.com
Princess Cruises www.princess.com
The Yachts of Seabourn www.seabourn.com

NO DIVING

In bed with Khalid
continued from page 60

am very proud of my improving discipline, I cannot honestly say that I am any happier.

My friend, recording artist Anthony Antoine (who should have his own advice column) believes that most men are basically "biologically non-monogamous," and that if society could just let go of their erotiphobic, Judeo-Christian agendas to domesticate us, we would all be much happier. Of course, he dropped this science while changing his own sex-stained sheets. But scientific research of male mammals – along with the rising rate of single mothers, worldwide – seem to certify his hypothesis. So, are my emotional exigencies for a permanent coupling just an anachronistic ecclesiastical construct? Would my giving in to every urge for sex be an act devolution, or acceptance of my ultimate, evolutionary design? More to come.

Al Balthrop
continued from page 31

Baltrop sold his work on the streets, strung his photos along fishing wire inside the ominous piers, turned on a boom box, put sodas in an icebox and called it an exhibit. At his first solo show at the long-gone American Thread gallery, his brother helped him sweep the floors and hang lights because no one there prepared the space for him.

Walking with a cane today, Baltrop is struggling with a double cancer diagnosis, breast and prostate, and living on disability. Thinking he might reenter 'the scene' decades later when people sell sexually-graphic Robert Mapplethorpe photos for thousands of dollars, Baltrop says he was told by a very young Black gay gallery assistant "to get a white rep" to bring his portfolio back. Someone has sold a few photographs for him in Europe, and he began compiling a book of his work and attained a Library of Congress number for the galley. But medicine and dust sit atop his photo equipment now. He just heard about a place in the Bronx where the men are carrying on along the river in their cars and outside, and he wants to go.

"I look at every Black man on the street from the age of 40 to 60. We are the invisible men. Not man, but men. We are here; we're not gone yet. Our art work and our dreams made this fucking country, gay or otherwise. I'm sorry, that's enough. I can't do anymore," he says, his feet and legs throbbing from circulation problems, a prostate cancer complication. The photos speak volumes more than he can describe about 'his era.'

Exercise & Self Esteem
continued from page 33

Where to Work Out

Where is the best place to work out? Many cannot afford the rising prices of fitness clubs, or home fitness equipment. That's ok. In the home simple chairs and the floor are excellent starting apparatus for use by the beginner. And since saving money is a consideration, staying home is a superior way to minimize costs.

"I don't need a formal exercise program. I walk from desk to desk at least three miles at my job every day." Here again, the lazy rush to the forefront. Shuffling around the office hardly substitutes for a prolonged, minute after minute, calorie burning program that extended exercise offers. Office types can walk for the rest of their indoor careers and never accumulate the needed time necessary to burn calories and unmanageable fat buildup.

You might not be able to do it every day, but using your lunch hour for physical exercise a few times a week can be a real time-saver. Just getting out and walking for 30 minutes can be a great energizer.

Even though the weather is never totally reliable you can still go to your nearest mall and walk briskly. Add some fun to your routine. Try dancing, or dance classes. It's a great way to socialize and exercise at the same time.

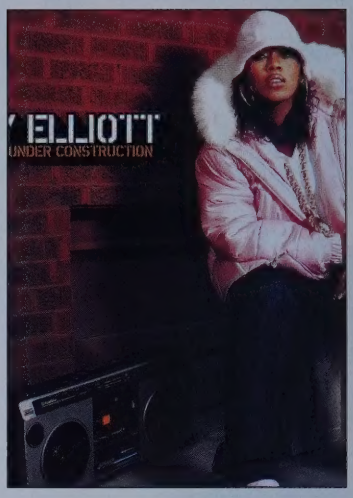
The New You

Once the fitness routine is properly mapped out and underway, a new, healthier, addiction is taking place. By all accounts, exercise is far cheaper and easier to manage than pills and expensive medical advice. Good medicine is not cheap. Neither is bad medicine.

Once the new you is exercising, you will soon realize that exercise makes you feel better. It is not your imagination. Make exercise a habit. As we all know, habits are hard to break--bad ones and good ones. That's why you'll find it hard to get out of the habit of exercising once it has become part of your routine. Tell yourself that for the next few months, you are going to exercise on specific days, week after week. After three months, you probably won't want to break this habit.

Keep in mind, exercising helps maintain good physical and mental health. Failure to do something about one's weakening health will only have tragic consequences.

random rotation
continued from page 73



Missy Elliott/Under Construction/Elektra

Missy Elliott's fourth effort, *Under Construction*, is not so new, but still worthy of any musical discussion. If you've been thinking of getting it but haven't, peep this: Aside from the club-hoppin' hit "Work It," she's got a few more slammin' tracks worthy of your hard-earned cash. Elliott delivers a sweet lashing to all the gossip-mongers, haters, and rumor-startin' "chickenheads" in her latest single, "Gossip Folks" (featuring Ludacris). She also uses the song to squash the rumors of her ending a romance with her co-producer Timbaland to hook-up with Hip-Hop vixen Trina: Stop talkin' bout who I'm stickin' and lickin'/Ya just mad it ain't yours. Enough said?

Elliott says with this album she's "representin' for the ladies," and she's got guest appearances by TLC, Tweet and Beyonce Knowles, serving vocals the way only these ladies can. But get this: She really creeps below the panty line on her pre-sex soliloquy, "P***ycat." Recreating that pivotal point in a sexual relationship, just before that 'screw-like-you've-never-screwed-before-or-else' encounter, she muses, Pussy don't fail me now/I gotta turn this nigga out/So he don't want nobody else/But me and only me. Sold!

Zee's personal revelations. He candidly speaks about photographing his own deceased family members. "My mother died," he reveals, "because she just got tired of living. I photographed her just two hours after she died." Several photos of Van Der Zee's mother follow. One depicts her in profile, laying on a bed, eyes closed, head resting on a fluffy pillow. Hovering above, to her left, are classical angels, superimposed by Van Der Zee after the initial photographic process. The funeral photo of Van Der Zee's daughter Rachel, who passed away at sixteen, is also among the collection.

Van Der Zee regularly utilized the montage technique (several images combined/layered in one photo) producing unconventional, ethereal results. He superimposed angels, religious figures, biblical scriptures, shots of living family members, and poetic texts onto the depictions of the dead. Van Der Zee also retouched his photos to enhance his subject's beauty. "I could always see beauty where it didn't exist," he says. "And I figured, as long as they had two eyes and a nose and a mouth, why, I could improve on them....if they had gaps in their front teeth, I'd close them up a little bit. Some of them were cross-eyed, I'd straighten out the eyes." In one notable photo, Van Der Zee has placed a newspaper in the hand of the deceased to give him "a little more life."

Billops' extensive interview covers Van Der Zee's early upbringing, his marriages, career shifts, and other, often difficult subjects are broached, such as the deaths of his children, the musical career he gave up in the face of familial obligation, his wife's memory loss, etc. Van Der Zee's responses are candid, informative, and free of drama. Occasionally, humor seeps in at unexpected junctures. When asked his opinion of what happens to the soul after death, for instance, Van Der Zee replied, "when Judgment Day comes....these guys that have been cremated, whose ashes have been scattered to the wind, gonna have an awful time tryin' to get their hind parts together."

The Harlem Book of the Dead offers a unique and rare glimpse into Black America during the first half of the twentieth century. Van Der Zee's depictions are visually stunning, his montages ethereal and other-worldly. Van Der Zee respected his subjects, and his photos reveal this respect and equality for all who fell before his lens.

The text is also invaluable to the disciplines of photographic history (as it illuminates upon photographic styles/techniques that have since fallen out of vogue), funerary history, and African American history.

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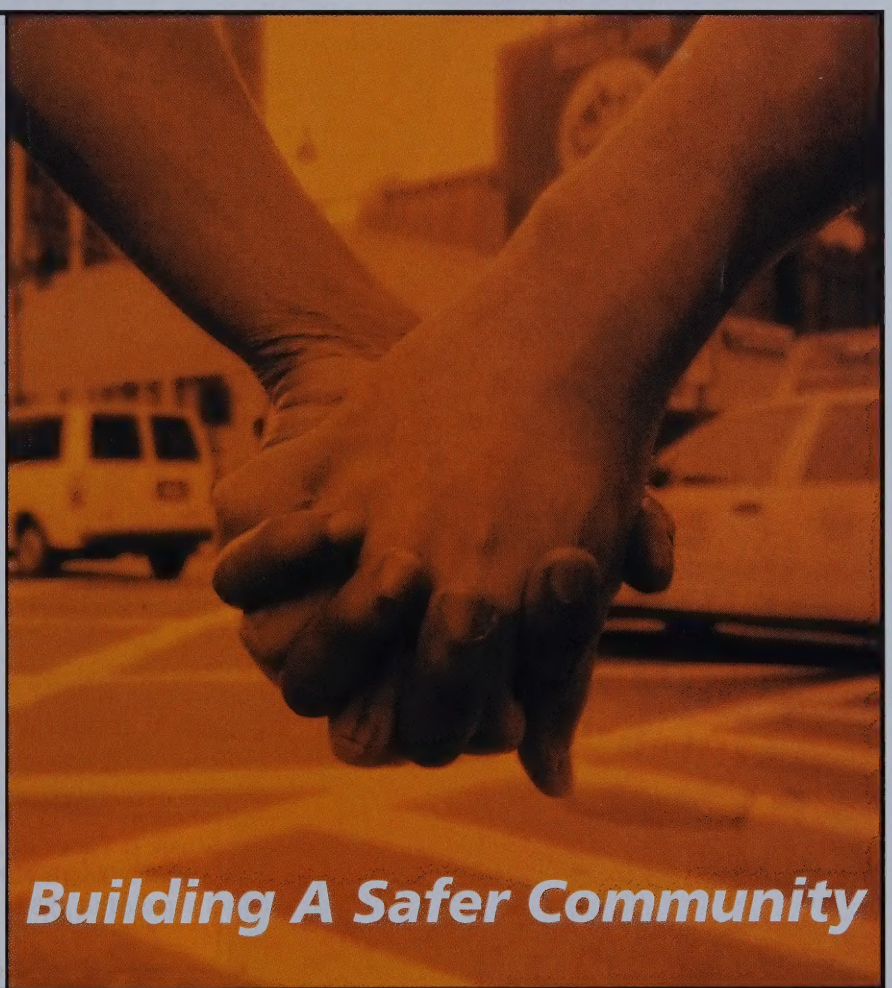


alberta hunter
1895-1984

words by Michael K. Watts

Hunter also became the first Black singer to be backed up by a White band, namely the Original Memphis Five on her hit "Tain't Nobody's Biz-ness If I Do."

Alberta Hunter was raised by her mother in Memphis, Tenn. and always dreamed of being a blues singer. At age 12, Hunter ran away to Chicago to pursue her dream. She started singing at Dago Frank's and bounced around singing at other small clubs around the windy city. Eventually, she was able to save enough money to move her mother to Chicago to live with her.

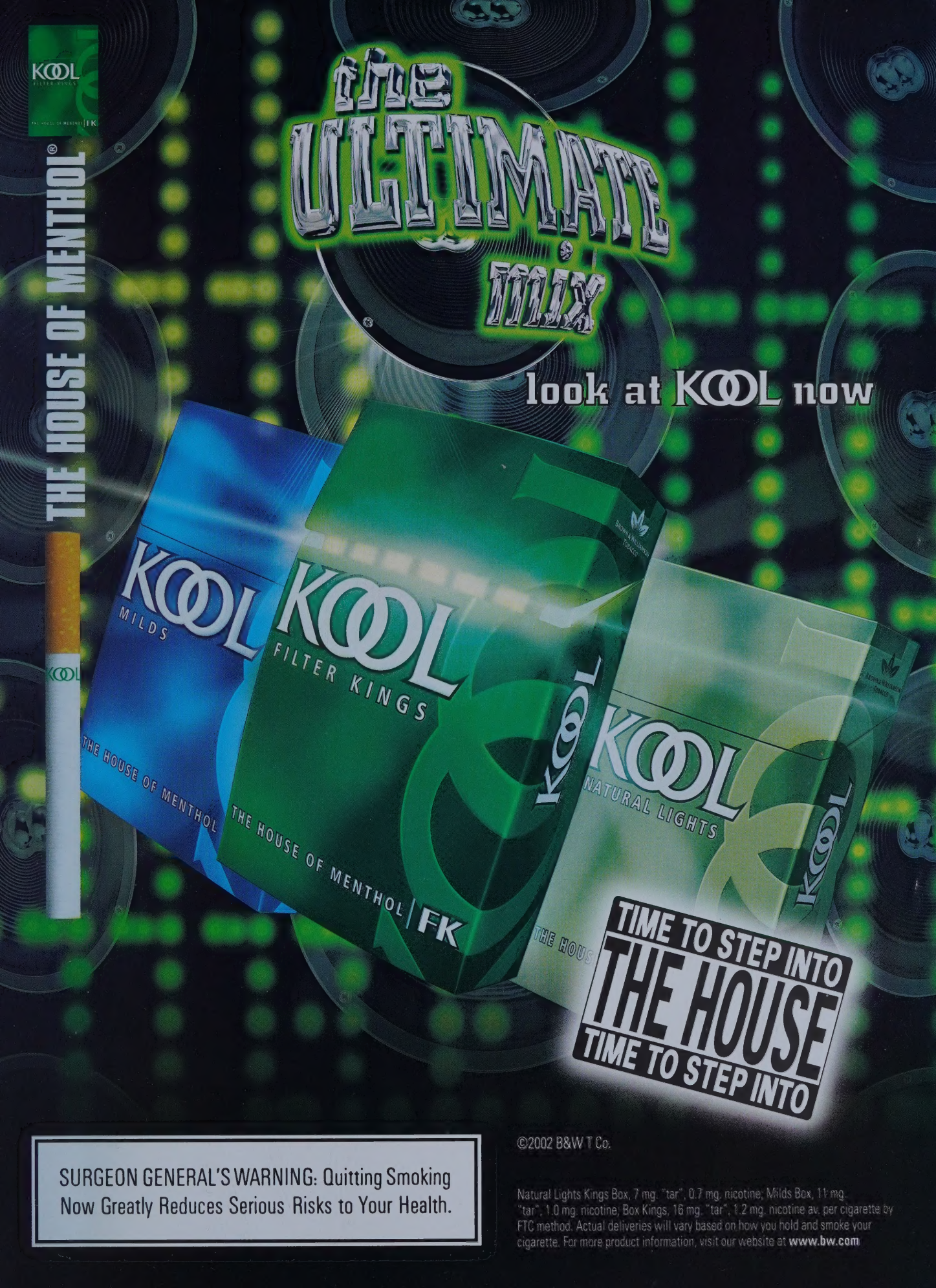
Hunter's brief marriage was never consummated because she was uncomfortable having sex in the same house where her mother lived, according to a bio published at www.femmenoir.net. Actually, Hunter was a lesbian. Her marriage fell apart, and Hunter went on to date Lottie Taylor, her lover for many years.

Continuing on the club circuit, Hunter performed at Chicago clubs like Panama Café, The De Luxe Café, and Elite Café. The latter club afforded Hunter the opportunity to work with New Orleans Ragtime pianist Tony Jackson, an openly gay musician whose songs like "Pretty Baby" (for his lover) were popularized by Hunter's performances. Fame came for Hunter by the time she landed at Dreamland Café, but when her pianist was shot and killed during a performance, Hunter left the gangster environment of Chicago for a new start in New York City.

She began recording albums once in New York, and she wrote Bessie Smith's 1923 hit "Down Hearted Blues." Later, she would replace Smith in her musical revue How Come, establishing her as a top-notch performer in New York. Hunter also became the first Black singer to be backed up by a White band, namely the Original Memphis Five on her hit "Tain't Nobody's Biz-ness If I Do." Recording with the likes of Fats Waller and Duke Ellington, Hunter often recorded under aliases to make as much money as possible with multiple recording labels.

In 1927, Hunter left New York for England where she performed with traveling musical revues like Show Boat (opposite Paul Robeson). She continued performing throughout Europe, the Middle East, Russia, Asia, and the South Pacific throughout the 1930's, including a stint with the USO during World War II. When her mother became ill, Hunter returned to New York to take care of her. She continued performing until her mother died in 1956, at which time she left performing for a career as a practical nurse at the age of 61. For the next 20 years, Hunter worked for a New York hospital until she was forced to retire in the late 1970's.

Despite a few albums recorded in the 1960's, Hunter did not take the stage again until 1977, at age 82. Hunter returned to one of her former singing venues, The Cookery Club in New York's Greenwich Village. That historic evening is depicted in a touring musical about Hunter's life entitled Cookin' at the Cookery: The Music & Times of Alberta Hunter (running through March 2 at New York's Theatre 3). She continued to perform up until she died in 1984.



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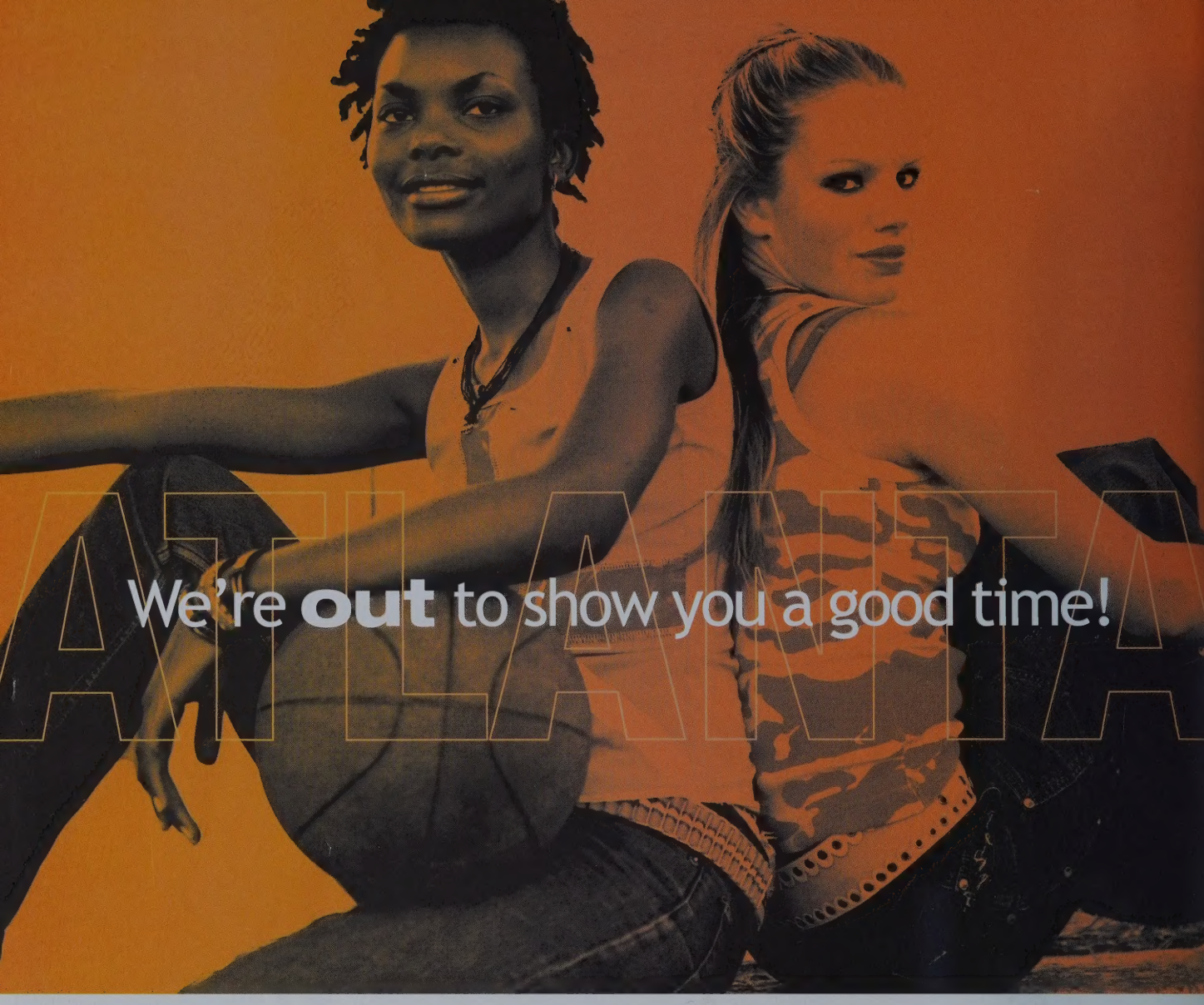

The top four teams in women's college basketball are making a fast break to Atlanta for a week of championship fun, April 4-8. Get into the game by visiting the city that embraces inclusion — in political leadership, business policies and gay-friendly neighborhoods where couples walk hand-in-hand. A city that celebrates diversity.

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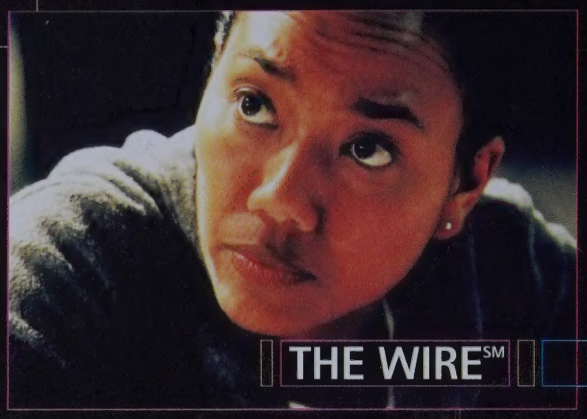

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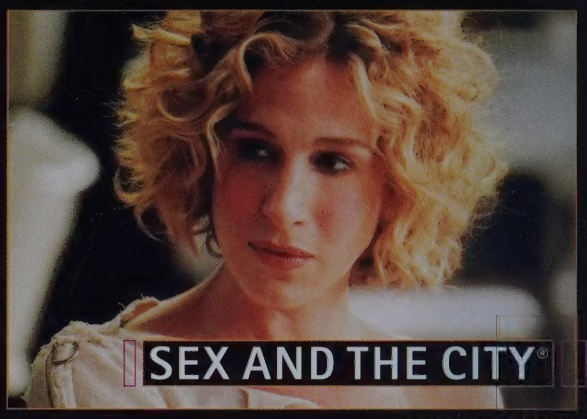
She's a totally out cop-on-the-case, working Baltimore's grittiest beat in this critically acclaimed original drama series. Sonja Sohn stars.

New Season Premieres Sunday, June 1, 10pm/9c



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New Season Premieres Sunday, June 22, 9pm/8c

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CINEMAX DOCUMENTARY

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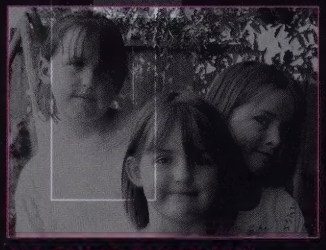

NO DUMB QUESTIONS

CINEMAX DOCUMENTARY

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RUTHIE & CONNIE

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Wednesday, June 25, 7pm/6c

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Individual results may vary.

COMBIVIR does not cure HIV infection/AIDS or prevent passing HIV to others. COMBIVIR should be used with other HIV medicines.

COMBIVIR is a prescription product for HIV and contains two medicines proven to help people with HIV live longer, healthier lives. COMBIVIR is one tablet, taken twice a day, with or without food. COMBIVIR is used in more patients and more major combination studies than any other HIV therapy.

Safety Information

- Make sure to see your doctor regularly because serious side effects can occur, such as muscle damage and a decrease in red and white blood cells
- A buildup of lactic acid in the blood and an enlarged liver, including fatal cases, have been reported
- Low risk of problems with the pancreas in adults and adolescents
- The most frequent side effects are headache, upset stomach, malaise or fatigue, and runny nose

When the time is right for you, ask your doctor about COMBIVIR in combination with other HIV medicines.

Call 1-888-TREAT HIV/Visit www.treatHIV.com

Please see important information about COMBIVIR on adjacent page.

COMBIVIR®
150 mg lamivudine+zidovudine 300 mg
TABLETS

COMBIVIR®
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TABLETS

Patient Information about COMBIVIR Tablets

for HIV (Human Immunodeficiency Virus) Infection
Generic name: lamivudine/zidovudine tablets

Please read this information before you start taking COMBIVIR. Staying informed will help you to work more closely with your doctor and healthcare team to determine what is best for you. Remember, this information does not take the place of careful discussion with your doctor. You should remain under a doctor's care when using COMBIVIR and should not change or stop treatment without first talking with your doctor.

What is COMBIVIR?

COMBIVIR is the brand name of a tablet that combines EPIVIR® Tablets (lamivudine tablets) [3TC®] and RETROVIR® (zidovudine) Tablets [ZDV], two drugs which are used to treat HIV (human immunodeficiency virus). HIV is the virus that causes AIDS (acquired immune deficiency syndrome).

How does COMBIVIR work?

COMBIVIR is a combination of lamivudine (la-MIV-u-deen) and zidovudine (Zi-DOHV-u-deen), two medicines (nucleoside analogues) that slow down the replication of the HIV virus. This can reduce the virus' ability to infect new cells. It may help lower the amount of HIV in your body (called "viral load") and raise your CD4 (T) cell count. Lamivudine plus zidovudine when used together can have stronger (synergistic) effects against the virus. COMBIVIR is a convenient way of taking lamivudine and zidovudine. COMBIVIR should usually be taken with other anti-HIV therapy.

Will COMBIVIR work the same as EPIVIR and RETROVIR taken together?

Taking one COMBIVIR Tablet twice a day is the same as taking one EPIVIR 150 mg Tablet twice a day and either two RETROVIR 100 mg Capsules three times a day or one RETROVIR 300 mg Tablet twice a day.

How should I take COMBIVIR?

Take COMBIVIR as your doctor prescribes it. The recommended dose is one COMBIVIR Tablet orally two times a day, with or without food. To help make sure you will benefit from COMBIVIR, you must not skip doses or take "drug holidays."

What should I do if I miss a dose of COMBIVIR?

If you miss a dose by more than 4 hours, wait and then take the next dose at the regularly scheduled time. However, if you miss a dose by less than 4 hours, take your missed dose immediately. Then take your next dose at the regularly scheduled time. Do not take more or less than your prescribed dose of COMBIVIR at any one time.

Does COMBIVIR cure HIV infection or AIDS?

No, there is not a cure for HIV infection or AIDS. People taking COMBIVIR may still develop infections or other illnesses associated with HIV. Because of this, it is very important to remain under the care of a healthcare provider. Use of lamivudine plus zidovudine has been shown to help patients with HIV infection stay healthy and live longer.

Does COMBIVIR reduce the risk of passing HIV to others?

No, COMBIVIR, as well as other HIV medications, has not been shown to reduce the risk of passing HIV to others through sexual contact or blood contamination.

Who should not take COMBIVIR?

You should not take COMBIVIR if you have had a serious allergic reaction to either lamivudine (also known as EPIVIR or 3TC) or zidovudine (also known as RETROVIR or ZDV).

Do not take COMBIVIR at the same time as EPIVIR or RETROVIR, or TRIZIVIR® (abacavir sulfate/lamivudine/zidovudine), because they also contain lamivudine and zidovudine.

Individual dosing with EPIVIR plus RETROVIR, rather than COMBIVIR, should be considered for:

- A child under 12 years of age.
- Anyone who requires dosage adjustments due to drug side effects or poor kidney function.

If you are 65 years of age or over, consult your healthcare professional about the functioning of your liver, kidneys, and heart; about other illnesses you may suffer from, and about any other medications you may be taking. It is possible that the dosage may need to be modified.

What medical problems or conditions should I discuss with my healthcare provider?

Talk to your healthcare provider if:

- You are pregnant or if you become pregnant while taking COMBIVIR. Ask your doctor about enrolling you in the Antiretroviral Pregnancy Registry: 1-800-258-4263.
- You are breast-feeding. Mothers infected with HIV should not breast-feed their infants because HIV is present in breast milk.

Also talk to your doctor about:

- Problems with your blood counts.
- Problems with your muscles.
- Problems with your kidneys.
- Problems with your liver, especially if you have mild or moderate liver disease, such as hepatitis.

Can COMBIVIR be taken with other medications?

Yes. COMBIVIR can be taken with most other medications, including most anti-HIV drugs. Be sure to tell your doctor about all medications, over-the-counter or prescription, that you are taking.

What are the possible side effects of COMBIVIR?

Do not rely on this summary alone for information about side effects. Your healthcare provider can discuss with you a more complete list of side effects that may be relevant to you.

The safety of COMBIVIR is not expected to be different from the safety of EPIVIR and RETROVIR given separately.

In clinical studies of lamivudine plus zidovudine, side effects occurring in 5% or more of patients included: muscle and joint pain, headache, nausea, weakness and fatigue, nasal symptoms, cough, diarrhea, nausea and vomiting, neuropathy, trouble sleeping, fever or chills, loss of appetite, dizziness, abdominal pain or cramps, depression, skin rashes, and indigestion.

It's important to know that serious side effects can occur with COMBIVIR, such as a decrease in red and white blood cells and muscle damage. A buildup of lactic acid and an enlarged liver, including fatal cases, have been reported rarely with some HIV drugs, including nucleoside analogues.

For HIV-infected individuals, periodic blood tests are recommended. If certain changes occur in your laboratory results while you are taking COMBIVIR, particularly if you become anemic or if your white blood cell count falls too low, your medication may need to be adjusted; your doctor may prescribe EPIVIR plus RETROVIR separately in place of COMBIVIR.

Tell your doctor promptly about any side effects or other unusual symptoms you may experience. Although it may make you healthier, COMBIVIR does not cure HIV.

Safety Information

Make sure to see your doctor regularly, because serious side effects can occur, such as muscle damage and a decrease in red and white blood cells. A buildup of acid in the blood, and an enlarged liver, including fatal cases, have been seen. The most frequent side effects are headache, upset stomach, malaise or fatigue, and runny nose.

Other Information

This medication is prescribed for a particular condition. Do not use it for any other condition or give it to anybody else. Keep COMBIVIR and all medicines out of the reach of children.

Like most prescription drugs, lamivudine and zidovudine were required to be tested on animals before they were allowed for human use. In animal studies with doses much higher than those used in humans, zidovudine was associated with vaginal tumors. Your healthcare provider can tell you more about how drugs are tested on animals and what the results of these tests may mean about safety for you.

How should I store COMBIVIR Tablets?

COMBIVIR Tablets may be stored at room temperature and do not require refrigeration.

gsk GlaxoSmithKline

GlaxoSmithKline
Research Triangle Park, NC 27709

This provides a summary of information about COMBIVIR. If you have any questions or concerns about COMBIVIR or HIV, talk to your healthcare provider.

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9 THINGS TO DO TO BE A HEALTHY AFRICAN-AMERICAN

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Black parents talk with-not at-your children. Encourage their critical thinking capacity. Black children talk with-not at-your parents. Encourage their critical thinking capacity.

Exercise daily, drink plenty of water, and eat nutritious foods (fresh vegetables, low fat meats, minimal dairy products and sugar) during the week. Splurge, if you must, on weekends.

Be courageous, improve your life and seek wellness assistance. If you have food, sex, drama (fussing, fighting, violence) or substance use addictions, don't play yourself. Seek change.

If you are heterosexual, homosexual, bisexual and sexually active use protection (a fresh condom and water based lubricant). We live in the age of HIV, and for "us" it's growing. Yet it's 100% preventable.

If you already know you've been sexually active and unprotected – get a confidential HIV test and counseling.

Every time you pass a Brother or Sister in the street, even if they are homeless, speak. It won't cost you a thing.

Unlearn anti-Black thinking. Start with erasing the "N" word from your vocabulary. We are the descendants of enslaved Africans systematically turned against each other. We must actively counter this by affirming one another, even when doing so is a challenge.

If you are self-destructing -- overeating, oversexing, possibly depressed (listen up Brothers), or having a difficult time sustaining relationships, being a decent person or a good role model to children -- seek help. Doing so is a sign of strength, not weakness.

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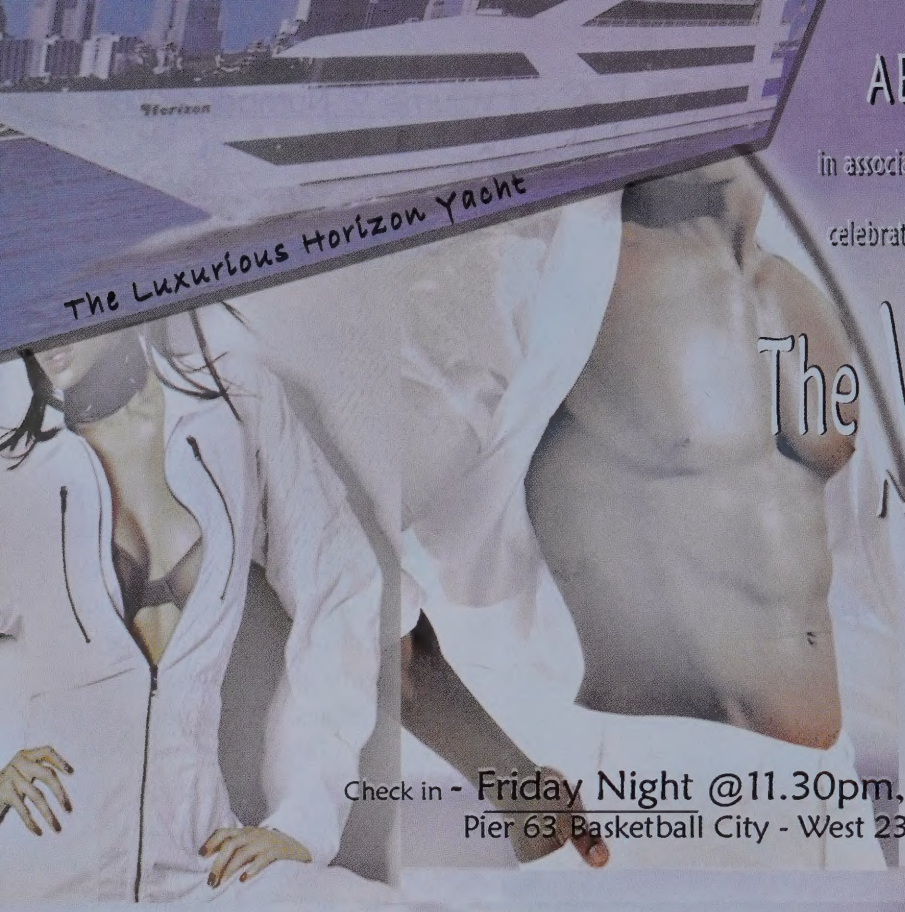
features

22 **Talley Up!**
It is no surprise that America's fashion trends are controlled by the extraordinary talents of Black men. But what may surprise you is that Vogue columnist Andre Leon Talley, the King of creating fashion trends, is such an unassuming gentle giant in a world of ego maniacs. He is constantly shining the spotlight on his colleagues and up and coming designers. With a television show and new book on the shelves, our editors now shine the light on him.

27 **Lady DJ**
Women who take playing recorded music seriously are themselves taken seriously in the DJ booths of major clubs, recording studios and radio stations. Disc Jockey positions that were traditionally reserved for men are now occuppied by talented women... We've captured a few of these Divas in action. Hold on to your hips. These Ladies will ROCK you!

30 **Come As You Are**
The Rev. Cecile Williams is the pastor of San Francisco's Glide Memorial United Methodist Church. He is a hetero Black preacher with congregants that are of every nationality, economic status and sexual orientation. And he wouldn't have it any other way.



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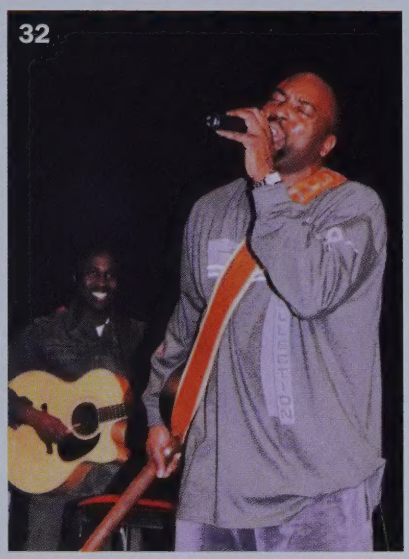

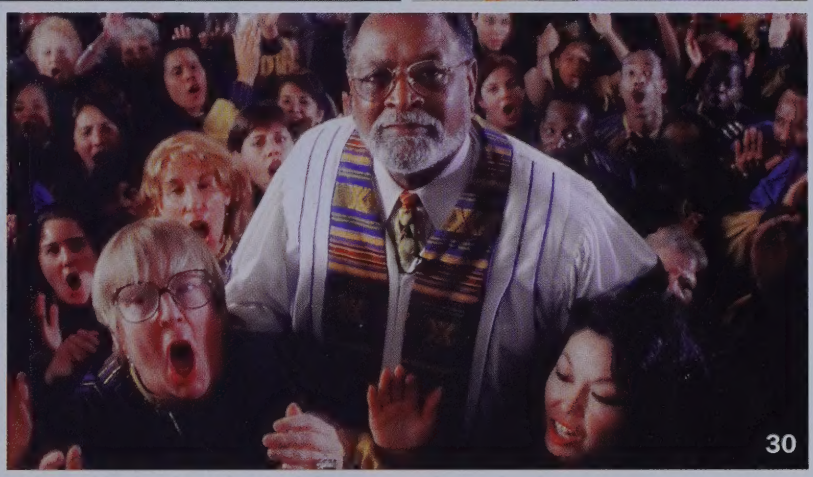

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VENUS

Publisher/Editor-in-Chief CHARLENE COTHRAN
Assistant to Publisher Kevin Chamberlain

EDITORIAL

Copy Editor *C. E. Cothran*

Fashion Stylist *Jerry Jordan Brown*

Contributing Writers *Michael A. Adams, Keith Barbee, Tina Fakhrid-Deen, Stanley Bennet Clay, Prince Leon Kusi, Craig Washington, Michael K. Watts*

Photography Cover Courtesy of UrbanWorld Films *Carol Friedman, Arthur Elgort, Tia Paul, Koi Sojer*

ADVERTISING & MARKETING

National Advertising Director *Charlene Cothran Higher Ground Marketing Group 609/695-4500*

PRODUCTION

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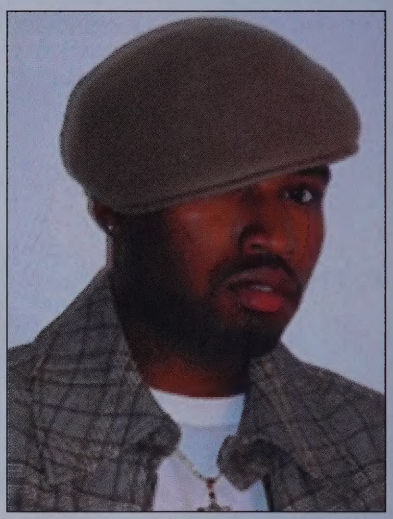
CONTRIBUTORS

Koi Sojer is a New York based Artographer, who has captured the entertainment industry for over 12 years. A former Professional Woman Basketball player and NGA Bodybuilding Champion, Koi brings strength and creativity to her craft when capturing her subjects. Her works have been published in Vibe, The Source, People, Jet, Blackbeat, Billboard, Pride & NY Daily News. So check out her images from the Black 2 Broadway event, page 32.



Keith Barbee is a 25 year-old native of Ripley, TN. Now a DC-resident, Keith sought refuge in books and the literary process early on. Words have always been important to him, even as a child. Bedtime stories and biblical passages read by his grandfather and the constant humming and singing of spirituals by his grandmother greatly influenced him. "Writing is an extension of who I am and who I hope to become." Check out his interview with Tony winner Melba Moore on page 14.

Tina Fakhrid-Deen is a writer, performer and educator. She is currently the Chicago Chapter Coordinator of COLAGE (Children of Lesbians and Gays Everywhere.) She lives in Chicago with her husband and newborn. Tina is working on a collection of essays, *Black Rainbow: The Voices of Adult Children with Same-Gender Loving Parents.* Check out her story *"What I Wish My Mama Had Known" page 34.*

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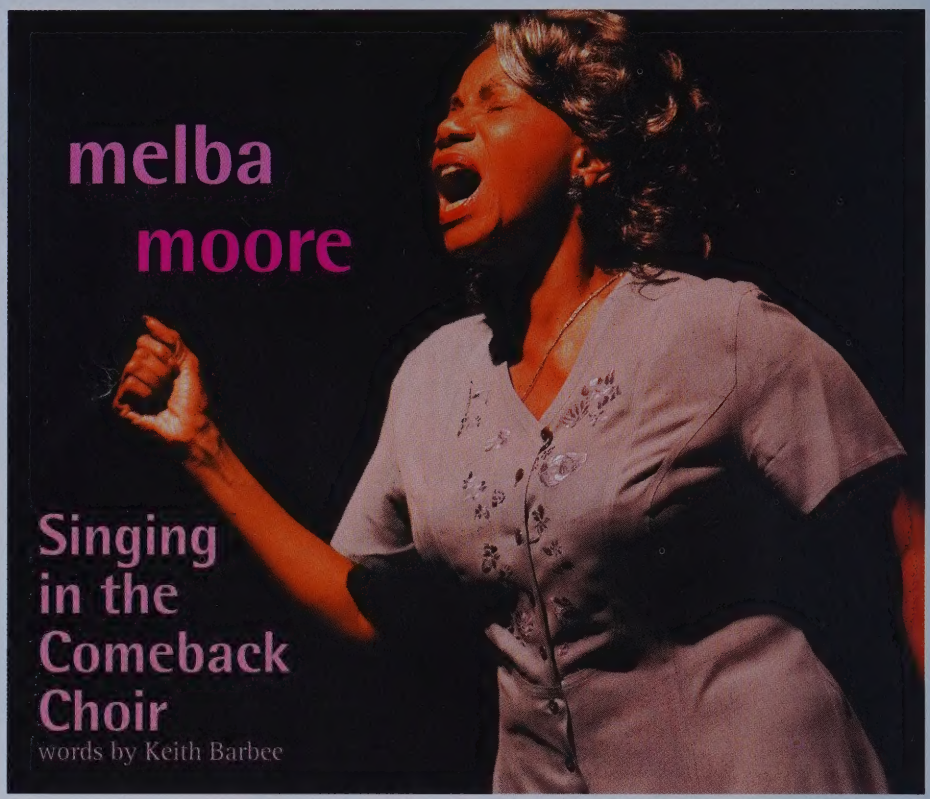


Don't call it a comeback/ I been here for years." Rapper/ actor L.L. Cool J. may have rhymed those lyrics in his redemptive hit, "Mama Said Knock You Out" but legendary singer Melba Moore has lived them.

The Grammy-nominated artist is currently guest-starring as Jackie Wilson's mother, Eliza Mae, in *The Jackie Wilson Story*, which is currently touring the country. The play follows Jackie Wilson's journey through life from elementary school and growing up in Detroit, to his first meeting with Berry Gordy.

"The mother was a very, very close, loving, powerful influence on his life. You see him go through the drugs and the kind of thing America went through, certainly African Americans went through and how they tried to stay strong through it," Moore said recently from her Chicago hotel room.

Moore is enjoying her stint on the black play circuit, but is very aware of the stigma that has thwarted gospel plays as second rate, nonsensical, and demeaning. "Black plays are developing now and I'd like to participate in that, but I also want to be acknowledged for the status that I've achieved." she said.

She was the first black actress to receive a Tony award for her supporting actress performance as Lutiebelle Gussiemae Jenkins in the long-running musical Purlie and her 1990 recording of "Lift Every Voice and Sing" was a catalyst in having the song entered into the Congressional Record as the official African American National Anthem.

But all of that came to a halt and if anyone deserved to sing a sad love song, it would have been Moore. After her former husband and manager illegally divorced her through forged documents in the early 90's she was left broke and eventually filed for bankruptcy. She made her story public after she was physically abused.

Down but not out, Moore stayed away from the public's eye until gospel playwright, Michael Matthews, contacted her to do one of his plays. "He basically took me out of harm's way and gave me employment and gave me my start in the gospel world," Moore said.

Now, she's focusing not only on acting, but recently released her first gospel album, *I'm Still Here.* "It has taken me several years to complete that and get it together because you have to have the life first," Moore said. "I'm a Christian. That's my life. God is first, middle, and last."

Rhythm and blues turned gospel singer, Shirley Murdock, penned the title track as an attempt to help Moore tell her testimony. Murdock and her husband Dale Degrote refused to make any kind of financial arrangement, she said. "They said, 'Melba, take the music, shop it, do what you need to do to get your life back together.'"

In addition to her role in *The Jackie Wilson Story*, her gospel album, and new outlook on life; Moore can be seen in the upcoming gospel musical comedy, *The Fighting Temptations* as a part of the all-star cast that includes Cuba Gooding, Jr., Beyonce Knowles, Steve Harvey, Yolanda Adams, Donnie McClurkin, Mary Mary, Angie Stone and others. "It's a hilarious comedy, sort of like a clean *Big Mama's House*," she said of the movie.

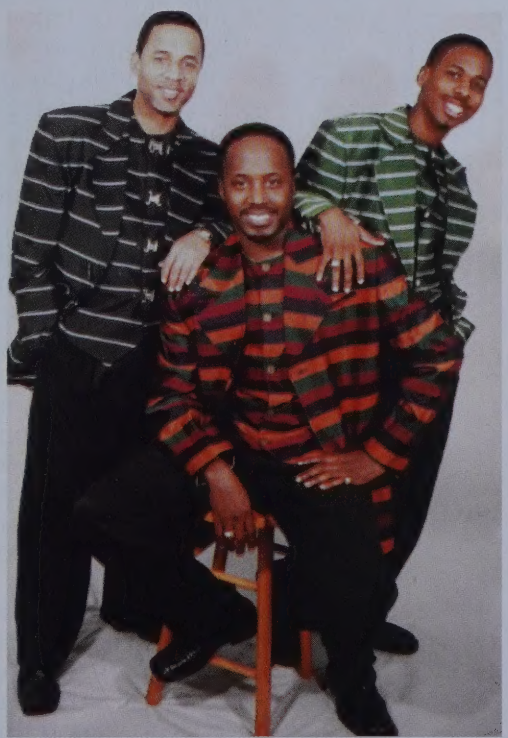
Moore has failed and succeeded in many mediums, but her tenacity, strength, and personal relationship with a higher power has elevated her to a plateau many never reach. Gospel has been her greatest fulfillment.

"You spend your whole life trying to figure out who you are and why you're here," Moore said. "Then you realize you're here to praise God and figure out what he wants to do with you and you weed the rest of it out. It's almost as though you haven't reached the mountaintop but you can see it."

Melba Moore with Martha and Chester Gregory III who plays Mr. Excitement Jackie Wilson, back stage at the Apollo Theatre, New York City.

Best in Show

This Pride season **Men of Rainbow**, the self procliamed 'Best in Male Entertainment' will rock legions of fans at various Black Pride events across the country. The gorgeous chocolate trio not only look good but have the stage presence, timing and dance moves that thrill audiences. But no real vocals on stage. . .yet. "We Lip Sync performances," say Marlowe. We do old R&B classics from The Temptations, Four Tops, Marvin Gaye, Isley Brothers N'Sync, 112, Prince, Lenny Williams, Michael Jackson, Boyz II Men, Ricky Martin, Sysqo, as well as Gospel, and etc." The trio will, however, produce a live CD [using their own vocals] entitled "No Stopping Us Now" scheduled for release late summer. For more information: (410) 356-4655 or www.menofrainbow.com.



Catch Roy, Marlowe and James of **Men of Rainbow** *at an upcoming Black Pride Celebration this August: NYC Black Gay Pride; Pittsburgh, PA Black Gay Pride; National Association of Black and White Men Together-Miami, FL; Jacksonville, FL Black Gay Pride; and Atlanta, GA Black Gay Pride.*

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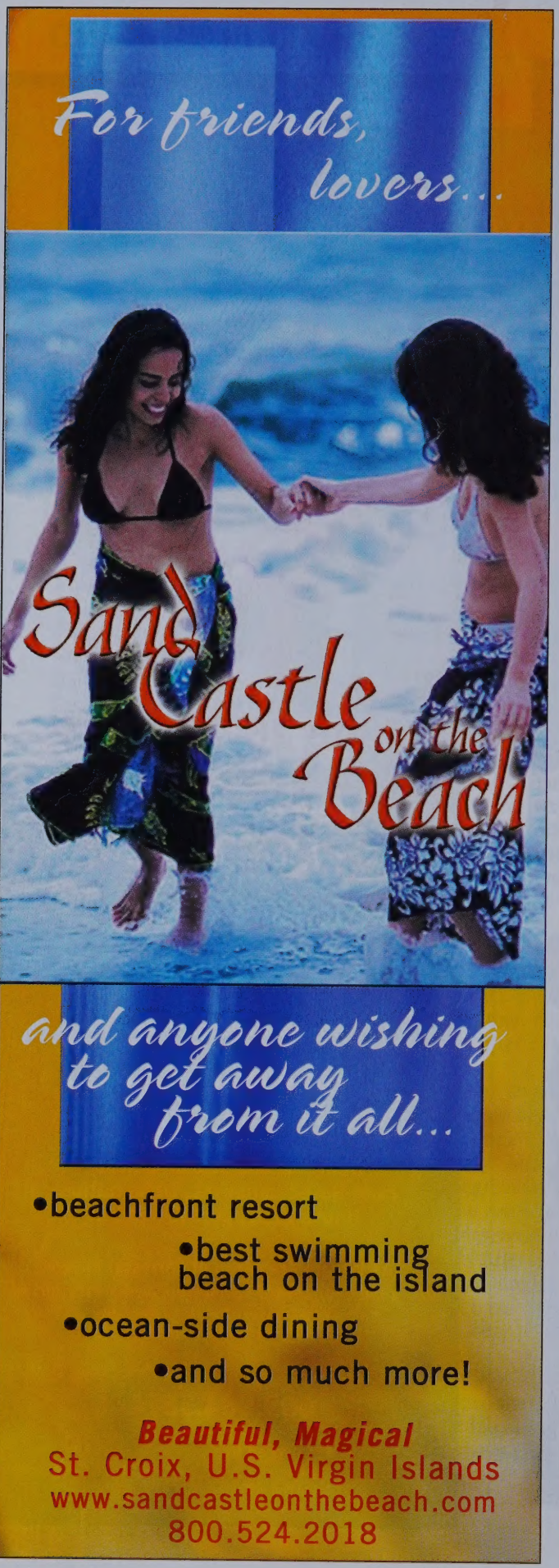
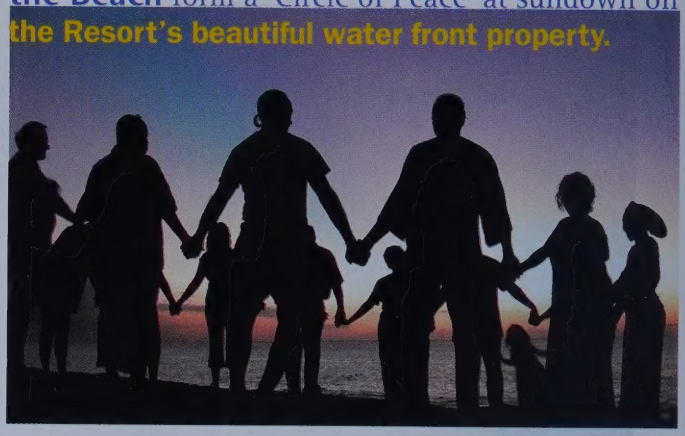


Vacationing guests at St. Croix's **Sand Castle on the Beach** form a 'Circle of Peace' at sundown on the Resort's beautiful water front property.



The Federation

of black prides heads to the mother land

The International Federation of Black Gay Prides (IFBP) and South Africa Black Gay Pride (SABP) will hold the first International Conference of Lesbians, Gays, Bisexuals and Transgender People of African Descent, Imbizo, October 27, 2003 through October 30, 2003 in Johannesburg, South Africa.

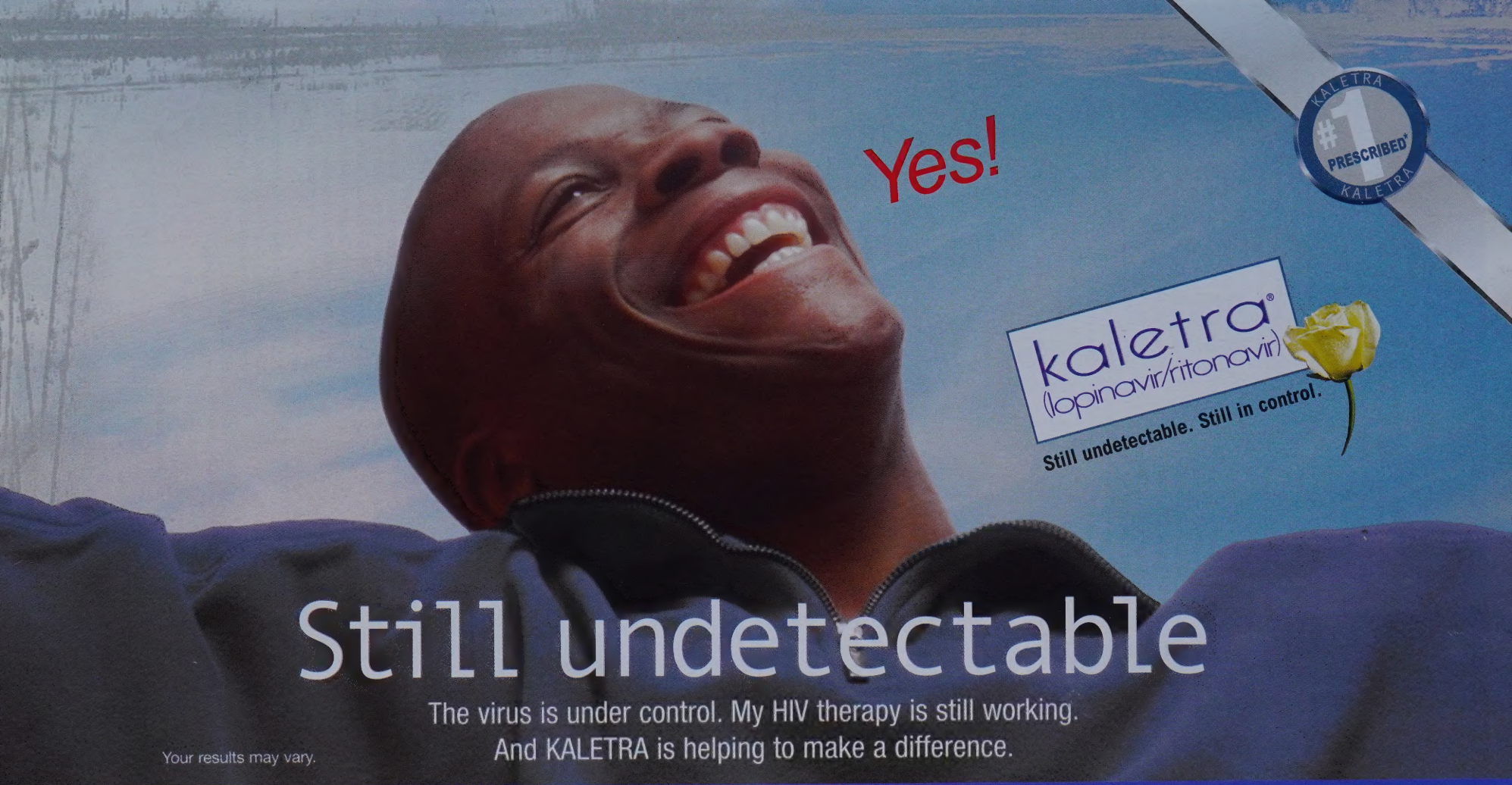
The mission of this historic conference is to bring lesbian, gay, bisexual and transgender people of African descent from across the world together to share thoughts, ideas and information, on three broad subject categories, health, politics and culture, as they relate to the global community of lesbians, gays, bisexuals and transgender persons of African descent. The theme of the conference is Imbizo a Xhosa word that refers to a meeting of elders.

The four (4) day conference will include workshops and plenary sessions with presenters from across the world, an opening reception and banquet and a closing event. "I believe that this will be the first time in history that LGBT people of African descent have ever come together to share their common experiences and those things that make us different at an event of this magnitude," said Earl Fowlkes, conference co-chair.

The dates of the conference also coincide with the fifth annual South African Black Pride week of celebrations that will begin on Sunday, October 26th, 2003 and conclude on Saturday, November 1st, 2003.

Conference registration is now open and will close on September 15, 2003. The Parktonian All Suites Hotel will serve as the official conference hotel. The conference endorsed travel package includes airfare and accommodations. To make travel arrangements contact Keith Stephens at 212/262.6100 ext. 205 or keith@carlsontrvl.com.

For more information about the conference and registration contact conference co-chairs Earl Fowlkes, IFBP President at 202/841.7104 or by e-mail at jrfowlkes@aol.com, and SABP President Andile Vinjiwe at 27 11 624 3235 or andile@africanpride.org. Visit www.africanpride.org.



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KALETRA should not be taken with Halcion®, Hismanal®, Orap®, Propulsid®, Rythmol®, Seldane®, Tambocor™, Versed®, Rimactane®, Rifadin®, Rifater®, Rifamate®, Mevacor®, Zocor®, ergot derivatives or products containing St. John's wort (*Hypericum perforatum*). Discuss all medicines, including those without a prescription, and herbal preparations you are taking or plan to take with your doctor or pharmacist.

KALETRA should not be taken if you have had an allergic reaction to KALETRA or any of its ingredients.

Pancreatitis and liver problems, which can be fatal, have been reported. Tell your doctor if you have or have had liver disease such as hepatitis. In patients taking protease inhibitors, increased bleeding (in patients with hemophilia) and diabetes/high blood sugar have occurred. Changes in body fat have been seen in some patients receiving antiretroviral therapy. Some patients receiving KALETRA have had large increases in triglycerides and cholesterol.

In clinical trials, the most commonly reported side effects of moderate or severe intensity were: abdominal pain, abnormal bowel movements, diarrhea, feeling weak or tired, headache, and nausea. This is not a complete list of reported side effects.

KALETRA oral solution contains alcohol.

KALETRA does not cure HIV infection or AIDS and does not reduce the risk of passing of HIV to others.

Please see adjacent page for Patient Information.

*Based on IMS HEALTH National Prescription Audit Plus for Protease Inhibitor Class. July 2002–January 2003

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March 2003

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(lopinavir/ritonavir) capsules
(lopinavir/ritonavir) oral solution

ALERT: Find out about medicines that should NOT be taken with KALETRA. Please also read the section "MEDICINES YOU SHOULD NOT TAKE WITH KALETRA."

Patient Information

KALETRA®

(kuh-LEE-tra)

Generic Name: lopinavir/ritonavir
(lop-IN-uh-veer/rit-ON-uh-veer)

Read this leaflet carefully before you start taking KALETRA. Also, read it each time you get your KALETRA prescription refilled, in case something has changed. This information does not take the place of talking with your doctor when you start this medicine and at check ups. Ask your doctor if you have any questions about KALETRA.

What is KALETRA and how does it work?

KALETRA is a combination of two medicines. They are lopinavir and ritonavir. KALETRA is a type of medicine called an HIV (human immunodeficiency virus) protease (PRO-tee-ase) inhibitor. KALETRA is always used in combination with other anti-HIV medicines to treat people with human immunodeficiency virus (HIV) infection. KALETRA is for adults and for children age 6 months and older.

HIV infection destroys CD_4 (T) cells, which are important to the immune system. After a large number of T cells are destroyed, acquired immune deficiency syndrome (AIDS) develops.

KALETRA blocks HIV protease, a chemical which is needed for HIV to multiply. KALETRA reduces the amount of HIV in your blood and increases the number of T cells. Reducing the amount of HIV in the blood reduces the chance of death or infections that happen when your immune system is weak (opportunistic infections).

Does KALETRA cure HIV or AIDS?

KALETRA does not cure HIV infection or AIDS. The long-term effects of KALETRA are not known at this time. People taking KALETRA may still get opportunistic infections or other conditions that happen with HIV infection. Some of these conditions are pneumonia, herpes virus infections, and *Mycobacterium avium* complex (MAC) infections.

Does KALETRA reduce the risk of passing HIV to others?

KALETRA does not reduce the risk of passing HIV to others through sexual contact or blood contamination. Continue to practice safe sex and do not use or share dirty needles.

How should I take KALETRA?

- You should stay under a doctor's care when taking KALETRA. Do not change your treatment or stop treatment without first talking with your doctor.
- You must take KALETRA every day exactly as your doctor prescribed it. The dose of KALETRA may be different for you than for other patients. Follow the directions from your doctor, exactly as written on the label.
- Dosing in adults (including children 12 years of age and older): The usual dose for adults is 3 capsules (400/100 mg) or 5.0 mL of the oral solution twice a day (morning and night), in combination with other anti-HIV medicines.
- Dosing in children from 6 months to 12 years of age: Children from 6 months to 12 years of age can also take KALETRA. The child's doctor will decide the right dose based on the child's weight.
- Take KALETRA with food to help it work better.
- Do not change your dose or stop taking KALETRA without first talking with your doctor.
- When your KALETRA supply starts to run low, get more from your doctor or pharmacy. This is very important because the amount of virus in your blood may increase if the medicine is stopped for even a short time. The virus may develop resistance to KALETRA and become harder to treat.
- Be sure to set up a schedule and follow it carefully.
- Only take medicine that has been prescribed specifically for you. Do not give KALETRA to others or take medicine prescribed for someone else.

What should I do if I miss a dose of KALETRA?

It is important that you do not miss any doses. If you miss a dose of KALETRA, take it as soon as possible and then take your next scheduled dose at its regular time. If it is almost time for your next dose, do not take the missed dose. Wait and take the next dose at the regular time. Do not double the next dose.

What happens if I take too much KALETRA?

If you suspect that you took more than the prescribed dose of this medicine, contact your local poison control center or emergency room immediately.

As with all prescription medicines, KALETRA should be kept out of the reach of young children. KALETRA liquid contains a large amount of alcohol. If a toddler or young child accidentally drinks more than the recommended dose of KALETRA, it could make him/her sick from too much alcohol. Contact your local poison control center or emergency room immediately if this happens.

Who should not take KALETRA?

Together with your doctor, you need to decide whether KALETRA is right for you.

- Do not take KALETRA if you are taking certain medicines. These could cause serious side effects that could cause death. Before you take KALETRA, you must tell your doctor about all the medicines you are taking or are planning to take. These include other prescription and non-prescription medicines and herbal supplements.

For more information about medicines you should not take with KALETRA, please read the section titled "MEDICINES YOU SHOULD NOT TAKE WITH KALETRA."

- Do not take KALETRA if you have an allergy to KALETRA or any of its ingredients, including ritonavir or lopinavir.

Can I take KALETRA with other medications?*

KALETRA may interact with other medicines, including those you take without a prescription. You must tell your doctor about all the medicines you are taking or planning to take before you take KALETRA.

MEDICINES YOU SHOULD NOT TAKE WITH KALETRA:

- Do not take the following medicines with KALETRA because they can cause serious problems or death if taken with KALETRA.
  - Dihydroergotamine, ergonovine, ergotamine and methylergonovine such as Cafergot®, Migranal®, D.H.E. 45®, Ergotrate Maleate, Methergine, and others
  - Halcion® (triazolam)
  - Hismanal® (astemizole)
  - Orap® (pimozide)
  - Propulsid® (cisapride)
  - Rythmol® (propafenone)
  - Seldane® (terfenadine)
  - Tambocor™ (flecainide)
  - Versed® (midazolam)
- Do not take KALETRA with rifampin, also known as Rimactane®, Rifadin®, Rifater®, or Rifamate®. Rifampin may lower the amount of KALETRA in your blood and make it less effective.
- Do not take KALETRA with St. John's wort (hypericum perforatum), an herbal product sold as a dietary supplement, or products containing St. John's wort. Talk with your doctor if you are taking or planning to take St. John's wort. Taking St. John's wort may decrease KALETRA levels and lead to increased viral load and possible resistance to KALETRA or cross-resistance to other anti-HIV medicines.
- Do not take KALETRA with the cholesterol-lowering medicines Mevacor® (lovastatin) or Zocor® (simvastatin) because of possible serious reactions. There is also an increased risk of drug interactions between KALETRA and Lipitor® (atorvastatin); talk to your doctor before you take any of these cholesterol-reducing medicines with KALETRA.

Medicines that require dosage adjustments:

It is possible that your doctor may need to increase or decrease the dose of other medicines when you are also taking KALETRA. Remember to tell your doctor all medicines you are taking or plan to take.

Before you take Viagra® (sildenafil) with KALETRA, talk to your doctor about problems these two medicines can cause when taken together. You may get increased side effects of VIAGRA, such as low blood pressure, vision changes, and penis erection lasting more than 4 hours. If an erection lasts longer than 4 hours, get medical help right away to avoid permanent damage to your penis. Your doctor can explain these symptoms to you.

- If you are taking oral contraceptives ("the pill") to prevent pregnancy, you should use an additional or different type of contraception since KALETRA may reduce the effectiveness of oral contraceptives.
- Efavirenz (Sustiva™) or nevirapine (Viramune®) may lower the amount of KALETRA in your blood. Your doctor may increase your dose of KALETRA if you are also taking efavirenz or nevirapine.
- If you are taking Mycobutin® (rifabutin), your doctor will lower the dose of Mycobutin.
- **A change in therapy should be considered if you are taking KALETRA with:**

Phenobarbital

Phenytoin (Dilantin® and others)

Carbamazepine (Tegretol® and others)

These medicines may lower the amount of KALETRA in your blood and make it less effective.

- **Other Special Considerations:**

  KALETRA oral solution contains alcohol. Talk with your doctor if you are taking or planning to take metronidazole or disulfiram. Severe nausea and vomiting can occur.

- If you are taking both didanosine (Videx®) and KALETRA:

  Didanosine (Videx®) should be taken one hour before or two hours after KALETRA.

What are the possible side effects of KALETRA?

- This list of side effects is not complete. If you have questions about side effects, ask your doctor, nurse, or pharmacist. You should report any new or continuing symptoms to your doctor right away. Your doctor may be able to help you manage these side effects.
- The most commonly reported side effects of moderate severity that are thought to be drug related are: abdominal pain, abnormal stools (bowel movements), diarrhea, feeling weak/tired, headache, and nausea. Children taking KALETRA may sometimes get a skin rash.
- Blood tests in patients taking KALETRA may show possible liver problems. People with liver disease such as Hepatitis B and Hepatitis C who take KALETRA may have worsening liver disease. Liver problems including death have occurred in patients taking KALETRA. In studies, it is unclear if KALETRA caused these liver problems because some patients had other illnesses or were taking other medicines.
- Some patients taking KALETRA can develop serious problems with their pancreas (pancreatitis), which may cause death. You have a higher chance of having pancreatitis if you have had it before. Tell your doctor if you have nausea, vomiting, or abdominal pain. These may be signs of pancreatitis.
- Some patients have large increases in triglycerides and cholesterol. The long-term chance of getting complications such as heart attacks or stroke due to increases in triglycerides and cholesterol caused by protease inhibitors is not known at this time.
- Diabetes and high blood sugar (hyperglycemia) occur in patients taking protease inhibitors such as KALETRA. Some patients had diabetes before starting protease inhibitors, others did not. Some patients need changes in their diabetes medicine. Others needed new diabetes medicine.
- Changes in body fat have been seen in some patients taking antiretroviral therapy. These changes may include increased amount of fat in the upper back and neck ("buffalo hump"), breast, and around the trunk. Loss of fat from the legs, arms and face may also happen. The cause and long term health effects of these conditions are not known at this time.
- Some patients with hemophilia have increased bleeding with protease inhibitors.
- There have been other side effects in patients taking KALETRA. However, these side effects may have been due to other medicines that patients were taking or to the illness itself. Some of these side effects can be serious.

What should I tell my doctor before taking KALETRA?

- *If you are pregnant or planning to become pregnant:* The effects of KALETRA on pregnant women or their unborn babies are not known.
- *If you are breast-feeding:* Do not breast-feed if you are taking KALETRA. You should not breast-feed if you have HIV. If you are a woman who has or will have a baby, talk with your doctor about the best way to feed your baby. You should be aware that if your baby does not already have HIV, there is a chance that HIV can be transmitted through breast-feeding.
- *If you have liver problems:* If you have liver problems or are infected with Hepatitis B or Hepatitis C, you should tell your doctor before taking KALETRA.
- *If you have diabetes:* Some people taking protease inhibitors develop new or more serious diabetes or high blood sugar. Tell your doctor if you have diabetes or an increase in thirst or frequent urination.
- *If you have hemophilia:* Patients taking KALETRA may have increased bleeding.

How do I store KALETRA?

- Keep KALETRA and all other medicines out of the reach of children.
- Refrigerated KALETRA capsules and oral solution remain stable until the expiration date printed on the label. If stored at room temperature up to 77°F (25°C), KALETRA capsules and oral solution should be used within 2 months.
- Avoid exposure to excessive heat.

Do not keep medicine that is out of date or that you no longer need. Be sure that if you throw any medicine away, it is out of the reach of children.

General advice about prescription medicines:

Talk to your doctor or other health care provider if you have any questions about this medicine or your condition. Medicines are sometimes prescribed for purposes other than those listed in a Patient Information Leaflet. If you have any concerns about this medicine, ask your doctor. Your doctor or pharmacist can give you information about this medicine that was written for health care professionals. Do not use this medicine for a condition for which it was not prescribed. Do not share this medicine with other people.

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"I've got a secret to share. Located right in the heart of Philly's upscale shopping district is Alma de Cuba, serving what is best described as "Nuevo Latino," a must do on your next visit."

words by Michael Andre Adams

getting there:

Location: 1623 Walnut St., Philadelphia , (215) 988-1799, www.almadecubarestaurant.com
Hours: Dinner Only! Monday thru Thursday, 5-11 p.m Friday's & Saturday's till midnight; Sunday's 5-10 p.m.
Cocktails: $9 Wines: $8-13 per glass; Ceviche: $9-15; Soups:$6; Appetizers: $9-14
Entrees: $19-31 Deserts: $8

When was the last time you visited Philadelphia? The City of Brotherly Love has transformed itself into an Epicurean's delight! Master chefs are everywhere! Even Murimoto, the "Iron Chef" himself, has a restaurant there. No longer are visitors and residents alike required to make the hour and a half trek north to New York for world class cuisine.

If you're the fried food, meat and potatoes type, Delilah's, in the Reading Terminal on Arch at 12th , sets it off for lunch, according to my dear friend, local designer, Andre Thomas. Warm Daddy's on Front Street at Market, features soul food and live blues in a colorfully stimulating atmosphere. If an elegant helping of jazz served up as a side entrée to a delicious cat fish dinner is what you had in mind, try Zanzibar Blue on Broad Street below the prestigious Bellevue Hotel, just south of city hall.

For the more cutting edge and risqué individual living on the edge of discovery, I've got a secret to share. Located right in the heart of Philly's upscale shopping district is Alma de Cuba. Serving what is best described as "Nuevo Latino," Alma de Cuba is a must do on your next visit.

Fine dining in the form of edible art is how they do it. Every item served is both picturesque and delectable. Craig LaBan from the Philadelphia Enquirer so eloquently described a dish there as "Displayed in all its terrifying intrigue, what looked like a tiny clamshell with a beak attached to one side trailed a plume of crablike meat out the other and was perched on what looked like a hollowed-out rock filled with flan. The rock, in fact, was the barnacle's shell, and the mildly sea-flavored flan (made with barnacle juice) hid a few sweet surprises – dates and caramelized onion – in its custard." Are we talking food or art? I'd say both!

From the bar, my suggestion is the Alma Colada. Made with passion fruit juice, coconut milk and white rum blended and topped with Myers's dark rum and shaved coconut, you'll taste it and feel it.

Once seated an elegant selection of Ceviche heads up the menu. Choose from main lobster and crab, Ecuadorian shrimp, rainbow-a trilogy of tuna, salmon and merluza, a flaky white Chilean fish, and a few others. Ceviche is one of those either you like it or you don't kind of dishes. Like the secret to good sushi, my suggestion for Ceviche consumption is that you go where you know the fish is fresh and you wont go wrong in the restaurant or later that night, if you feel me.

As a lover of gourmet soups, a natural choice was the trio of soups: small portions of Gloria's black bean, with creamy rice croquettes and a drizzle of sour cream, sancocho de pollo, a coconut-chicken broth with poached chicken slices, yucca, carrots, cilantro, green peas and a touch of lime juice. Rounding out the trilogy is the calabaza soup, a puree of spiced calabaza with pepita crusted queso fresco and a drizzle of sage oil. I've come up with some masterful creations at home, none of which could

Continued on page 46

Life and Style According to A.L.T.

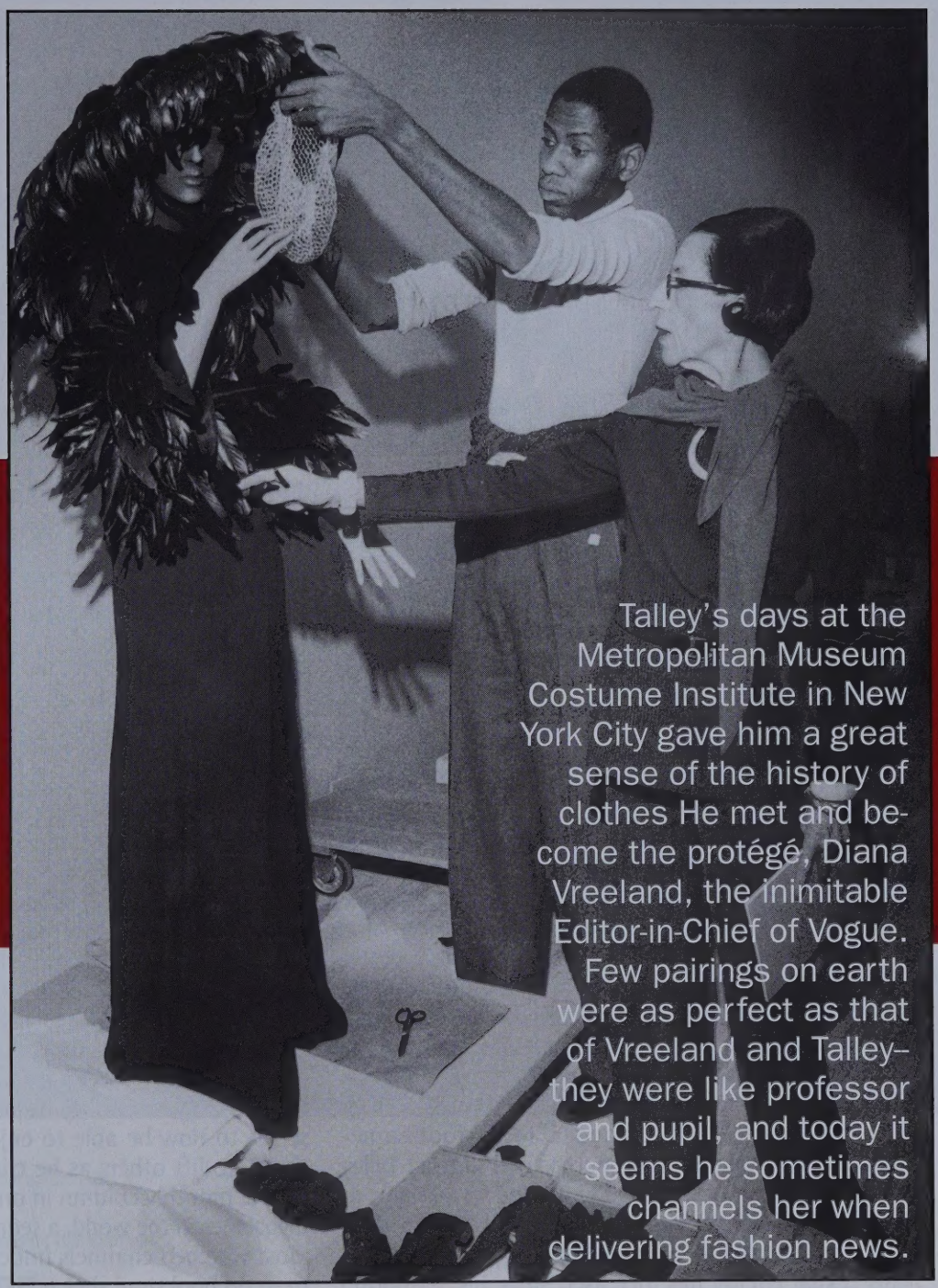
Words by Prince-Leon Kusi
Edited by Michael K. Watts.
Images by Arthur Elgort

A glimpse at the life of one of the world's most influential fashion icons

In the fashion demimonde, even amongst supermodels and superstar designers, his name looms above all others: Andre Leon Talley. With an appellation which seems to point to his parents' prescience about his greatness, Vogue's six-foot-seven Editor at Large often gets as much attention as the fashionistas about whom he writes. As one of the country's premier style arbiters, working at the nation's premier fashion magazine, Talley is largely responsible for influencing the tastes and trends that trickle down throughout America. Using his "Style Fax" column as his vehicle, he has devoted his life to sifting through all of the would-be fabulous designs and bringing his readers the best of the best, each and every month. But it was a long journey for Talley to rise to the top of the fashion world, as he details in his new book, "A.L.T.: A Memoir" (Villard Books).

Talley's story is one that finds him in the center of two very important women in his life who taught him life's most enduring lessons. Born in Washington D.C., Talley was raised by his maternal grandmother, Bennie Frances Davis, in Durham, North Carolina. Davis was a dignified and hard-working maid who cleaned the men's dormitories at Duke University. Theirs was a loving home full of simple luxuries--pressed sheets, beautiful church clothes and savory family meals. It was an upbringing that instilled a sense of place, strong values and unshakeable faith that would serve him well in his quest to become a fashion editor, a career choice he made known at the tender age of 14. One can imagine the sound of jaws dropping as he communicated this goal to Durham locals.

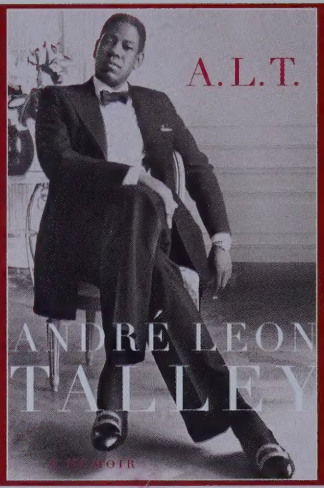
Undeterred and taking his grandmother's advice to "see a world full of possibilities" to heart, he earned his Master's Degree in French studies from Brown University and went on to become an intern at the Metropolitan Museum Costume Institute in New York City. His days at the Costume Institute



Talley's days at the Metropolitan Museum Costume Institute in New York City gave him a great sense of the history of clothes He met and become the protégé, Diana Vreeland, the inimitable Editor-in-Chief of Vogue. Few pairings on earth were as perfect as that of Vreeland and Talley–they were like professor and pupil, and today it seems he sometimes channels her when delivering fashion news.

gave him a great sense of the history of clothes, evident in all of his fashion commentary. His experience there also gave him the opportunity to meet and become the protégé of another important woman in his life, Diana Vreeland, the inimitable Editor-in-Chief of Vogue. Vreeland would have an enormous influence on the way that Talley would see, think about, and write about fashion.

Vreeland was no ordinary fashion journalist. For her, fashion editing was not just a job; it was a calling, and her commitment to her profession was unceasing. She was a woman who, after a trip to Japan, was seldom seen without her Kabuki-style makeup. Her avant garde style was best epitomized in her "Why Don't You" column in which she offered suggestions to American women by asking such things as, "Why don't you wear a bathing suit to the office?" There are few pairings on earth as perfect as that of Vreeland and Talley--they were like professor and pupil, and today it seems he sometimes channels her



Talley was raised by his maternal grandmother, Bennie Frances Davis, in Durham, North Carolina. Theirs was a loving home was full of simple luxuries--pressed sheets, beautiful church clothes and savory family meals. It was an upbringing that instilled a sense of place, strong values and unshakeable faith.

when delivering fashion news. Commenting on Helmut Lang's Fall 2002 line of women's shoes Talley said, "You'll be rewarded, wear them to bed, put them up on the pillow." This was a classic example of his special brand of Vreeland-esque delivery which has made him, the star maker, a star himself.

And as with everyone from J. Lo to Star Jones, this newfound stardom led to the next logical step: television. Last year, Talley was the gracious host of "Vogue's Talley," a weekly segment on Metro TV's Full Frontal Fashion show in New York, which garnered him an Emmy nomination. His words were always impeccably well chosen, his phrases well turned. But to hear the man himself actually saying them increased their value by at least 100 percent. Unlike with the magazine, this show gave him the opportunity to highlight both black and gay designers, models, and fashion insiders. Sean "P. Diddy" Combs, modeling coach J. Alexander, models Alek Wek and Iman, and even his pastor, Reverend Dr. Calvin O. Butts III, have all found themselves in front of Talley's cameras. J. Alexander, all six-foot-something of him, even put on his pumps and showed Talley how he teaches models to walk. In one installment of "Vogue's Talley," he was riding through New York in Karl Lagerfeld's deluxe SUV when he asked the designer if his sexual energy has increased since his 90-pound weight loss. Now, you would have never seen that in Vogue!

Perhaps it is the journalistic instinct, but for Talley self-promotion never seems to be the goal. He is happy for his recognition to come as a by-product of him recognizing others. This is most refreshing and unusual in an industry that is fueled at least as much by ego as by talent. Even in those moments which are set aside as times for him to be recognized, he manages to turn the focus to others. While receiving a lifetime achievement award at New York's Fashion Institute of Technology during New York's Fashion Week, Talley spent the majority of his acceptance speech on a roll call of black people who have made a difference in this country. So extensive and inclusive was the list that it even included Mae West, because "she hired a lot of colored maids in her movies."

Unlike with the magazine, this [television] show gave him the opportunity to highlight both black and gay designers, models, and fashion insiders.

He may enjoy shining the spotlight on others rather than standing in its glare, but his time to shine is long overdue. Having been a fixture in the fashion world for over 30 years, Talley has truly paid his dues and deserves to now be able to enjoy the ride. Yet, he continues to lift others as he climbs. With a hugely successful monthly column in one of the most well-known magazines in the world, a segment on one of New York's most watched channels under his belt, and his memoir fresh on bookstore shelves, it is safe to say that Talley is not only the King of Fashion but also the King of Fashion Media.

And strangely, none of it seems to have gone to his head. He still goes to church in Harlem every Sunday, he still flies coach, and he still eats Krispy Kreme doughnuts, as he wrote about in his July 2002 column. In spite of his down-to-earth manner and his resistance to the uppity tendencies favored by most fashion hounds, Talley has come a mighty long way. And because he is discontented taking the ride alone, we have all come a long way, a mighty, mighty long way.

SUSTIVA (efavirenz) in combination with other antiretroviral agents is indicated for the treatment of HIV-1 infection.

SUSTIVA does not cure HIV or prevent passing HIV to others.

Safety Information

Many patients have dizziness, trouble sleeping, drowsiness, trouble concentrating, and/or unusual dreams. These feelings tend to go away after taking the medication for a few weeks. Mild to moderate rash is another common side effect. A small number of patients have reported severe depression, strange thoughts, or angry behavior. There have been a few reports of suicide but SUSTIVA has not been established as the cause. SUSTIVA should not be taken with Hismanal® (astemizole), Propulsid® (cisapride), Versed® (midazolam), Halcion® (triazolam) or ergot derivatives. Tell your doctor about any medications or herbal products (particularly St. John's wort) that you are taking. Women should not become pregnant or breast-feed while taking SUSTIVA.

Please see important information about SUSTIVA on next page.

ONE Tablet
Once Daily
SUSTIVA®
efavirenz

BMS Virology™
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www.sustiva.com

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PATIENT INFORMATION

SUSTIVA®* (sus-TEE-vah)

[efavirenz (eh-FAH-vih-rehnz)] capsules and tablets

ALERT: Find out about medicines that should NOT be taken with SUSTIVA.

Please also read the section "**MEDICINES YOU SHOULD NOT TAKE WITH SUSTIVA.**"

Read this information before you start taking SUSTIVA. Read it again each time you refill your prescription, in case there is any new information. This leaflet provides a summary about SUSTIVA and does not include everything there is to know about your medicine. This information is not meant to take the place of talking with your doctor.

What is SUSTIVA?

SUSTIVA is a medicine used in combination with other medicines to help treat infection with Human Immunodeficiency Virus (HIV), the virus that causes AIDS (acquired immune deficiency syndrome). SUSTIVA is a type of anti-HIV drug called a "non-nucleoside reverse transcriptase inhibitor" (NNRTI).

SUSTIVA works by lowering the amount of HIV in the blood (viral load). SUSTIVA must be taken with other anti-HIV medicines. When taken with other anti-HIV medicines, SUSTIVA has been shown to reduce viral load and increase the number of CD4 cells, a type of immune cell in blood. SUSTIVA may not have these effects in every patient.

SUSTIVA does not cure HIV or AIDS. People taking SUSTIVA may still develop other infections and complications. Therefore, it is very important that you stay under the care of your doctor.

SUSTIVA has not been shown to reduce the risk of passing HIV to others. Therefore, continue to practice safe sex, and do not use or share dirty needles.

What are the possible side effects of SUSTIVA?

Serious psychiatric problems. A small number of patients experience severe depression, strange thoughts, or angry behavior while taking SUSTIVA. Some patients have thoughts of suicide and a few have actually committed suicide. These problems tend to occur more often in patients who have had mental illness. Contact your doctor right away if you think you are having these psychiatric symptoms, so your doctor can decide if you should continue to take SUSTIVA.

Common side effects. Many patients have dizziness, trouble sleeping, drowsiness, trouble concentrating, and/or unusual dreams during treatment with SUSTIVA. These side effects may be reduced if you take SUSTIVA at bedtime on an empty stomach. They also tend to go away after you have taken the medicine for a few weeks. If you have these common side effects, such as dizziness, it does not mean that you will also have serious psychiatric problems, such as severe depression, strange thoughts, or angry behavior. Tell your doctor right away if any of these side effects continue or if they bother you. It is possible that these symptoms may be more severe if SUSTIVA is used with alcohol or mood altering (street) drugs.

If you are dizzy, have trouble concentrating, or are drowsy, avoid activities that may be dangerous, such as driving or operating machinery.

Rash is common. Rashes usually go away without any change in treatment. In a small number of patients, rash may be serious. If you develop a rash, call your doctor right away. **Rash may be a serious problem in some children.** Tell your child's doctor right away if you notice rash or any other side effects while your child is taking SUSTIVA.

Other common side effects include tiredness, upset stomach, vomiting, and diarrhea.

Changes in body fat. Changes in body fat develop in some patients taking anti-HIV medicine. These changes may include an increased amount of fat in the upper back and neck ("buffalo hump"), in the breasts, and around the trunk. Loss of fat from the legs, arms, and face may also happen. The cause and long-term health effects of these fat changes are not known.

Tell your doctor or healthcare provider if you notice any side effects while taking SUSTIVA.

Contact your doctor before stopping SUSTIVA because of side effects or for any other reason.

This is not a complete list of side effects possible with SUSTIVA. Ask your doctor or pharmacist for a more complete list of side effects of SUSTIVA and all the medicines you will take.

How should I take SUSTIVA (efavirenz)?

General Information

- You should take SUSTIVA on an empty stomach, preferably at bedtime.
- Swallow SUSTIVA with water.
- Taking SUSTIVA with food increases the amount of medicine in your body, which may increase the frequency of side effects.
- Taking SUSTIVA at bedtime may make some side effects less bothersome.
- SUSTIVA must be taken in combination with other anti-HIV medicines. If you take only SUSTIVA, the medicine may stop working.
- Do not miss a dose of SUSTIVA. If you forget to take SUSTIVA, take the missed dose right away, unless it is almost time for your next dose. Do not double the next dose. Carry on with your regular dosing schedule. If you need help in planning the best times to take your medicine, ask your doctor or pharmacist.
- Take the exact amount of SUSTIVA your doctor prescribes. Never change the dose on your own. Do not stop this medicine unless your doctor tells you to stop.
- If you believe you took more than the prescribed amount of SUSTIVA, contact your local Poison Control Center or emergency room right away.
- Tell your doctor if you start any new medicine or change how you take old ones. Your doses may need adjustment.
- When your SUSTIVA supply starts to run low, get more from your doctor or pharmacy. This is very important because the amount of virus in your blood may increase if the medicine is stopped for even a short time. The virus may develop resistance to SUSTIVA and become harder to treat.
- Your doctor may want to do blood tests to check for certain side effects while you take SUSTIVA.

Capsules

- The dose of SUSTIVA capsules for adults is 600 mg (three 200 mg capsules, taken together) once a day by mouth. The dose of SUSTIVA for children may be lower (see **Can children take SUSTIVA?**).

Tablets

- The dose of SUSTIVA tablets for adults is 600 mg (one tablet) once a day by mouth.

Can children take SUSTIVA?

Yes, children who are able to swallow capsules can take SUSTIVA. Rash may be a serious problem in some children. Tell your child's doctor right away if you notice rash or any other side effects while your child is taking SUSTIVA. The dose of SUSTIVA for children may be lower than the dose for adults. Capsules containing lower doses of SUSTIVA are available. Your child's doctor will determine the right dose based on your child's weight.

Who should not take SUSTIVA?

Do not take SUSTIVA if you are allergic to the active ingredient, efavirenz, or to any of the inactive ingredients. Your doctor and pharmacist have a list of the inactive ingredients.

What should I avoid while taking SUSTIVA?

- **Women taking SUSTIVA should not become pregnant.** Serious birth defects have been seen in animals treated with SUSTIVA. It is not known whether this could happen in humans. **Tell your doctor right away if you are pregnant.** Also talk with your doctor if you want to become pregnant.
- Women should not rely only on hormone-based birth control, such as pills, injections, or implants, because SUSTIVA may make these contraceptives ineffective. Women must use a reliable form of barrier contraception, such as a condom or diaphragm, even if they also use other methods of birth control.
- **Do not breast-feed if you are taking SUSTIVA.** The Centers for Disease Control and Prevention recommend that mothers with HIV not breast-feed because they can pass the HIV through their milk to the baby. Also, SUSTIVA may pass through breast milk and cause serious harm to the baby. Talk with your doctor if you are breast-feeding. You may need to stop breast-feeding or use a different medicine.
- Taking SUSTIVA with alcohol or other medicines causing similar side effects as SUSTIVA, such as drowsiness, may increase those side effects.
- Do not take any other medicines without checking with your doctor. These medicines include prescription and non-prescription medicines and herbal products, especially St. John's wort.

Before using SUSTIVA, tell your doctor if you

- **have problems with your liver, or have hepatitis.** Your doctor may want to do tests to check your liver while you take SUSTIVA.
- **have ever had mental illness or are using drugs or alcohol.**

What important information should I know about taking other medicines with SUSTIVA (efavirenz)?

SUSTIVA may change the effect of other medicines, including ones for HIV, and cause serious side effects. Your doctor may change your other medicines or change their doses. Other medicines, including herbal products, may affect SUSTIVA. For this reason, **it is very important to:**

- Let all your doctors and pharmacists know that you take SUSTIVA.
- Tell your doctors and pharmacists about all medicines you take. This includes those you buy over-the-counter and herbal or natural remedies.

Bring all your prescription and non-prescription medicines as well as any herbal remedies that you are taking when you see a doctor, or make a list of their names, how much you take, and how often you take them. This will give your doctor a complete picture of the medicines you use. Then he or she can decide the best approach for your situation.

Taking SUSTIVA with St. John's wort *(hypericum perforatum)*, an herbal product sold as a dietary supplement, or products containing St. John's wort is not recommended. Talk with your doctor if you are taking or are planning to take St. John's wort. Taking St. John's wort may decrease SUSTIVA levels and lead to increased viral load and possible resistance to SUSTIVA or cross-resistance to other anti-HIV drugs.

MEDICINES YOU SHOULD NOT TAKE WITH SUSTIVA

The following medicines may cause serious and life-threatening side effects when taken with SUSTIVA. You should not take any of these medicines while taking SUSTIVA**:

- Hismanal® (astemizole)
- Propulsid® (cisapride)
- Versed® (midazolam)
- Halcion® (triazolam)
- Ergot medications (for example, Wigraine® and Cafergot®)

The following medicines may need to be replaced with another medicine when taken with SUSTIVA**:

- Fortovase®, Invirase® (saquinavir)
- Biaxin® (clarithromycin)

The following medicines may need to have their dose changed when taken with SUSTIVA**:

- Crixivan® (indinavir)
- Mycobutin® (rifabutin)
- Methadone

These are not all the medicines that may cause problems if you take SUSTIVA. Be sure to tell your doctor about all medicines that you take.

General advice about SUSTIVA:

Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. Do not use SUSTIVA for a condition for which it was not prescribed. Do not give SUSTIVA to other people, even if they have the same symptoms you have. It may harm them.

Keep SUSTIVA at room temperature (77°F) in the bottle given to you by your pharmacist. The temperature can range from 59° to 86°F.

Keep SUSTIVA out of the reach of children.

This leaflet summarizes the most important information about SUSTIVA. If you would like more information, talk with your doctor. You can ask your pharmacist or doctor for the full prescribing information about SUSTIVA, or you can visit the SUSTIVA website at http://www.sustiva.com or call 1-800-426-7644.

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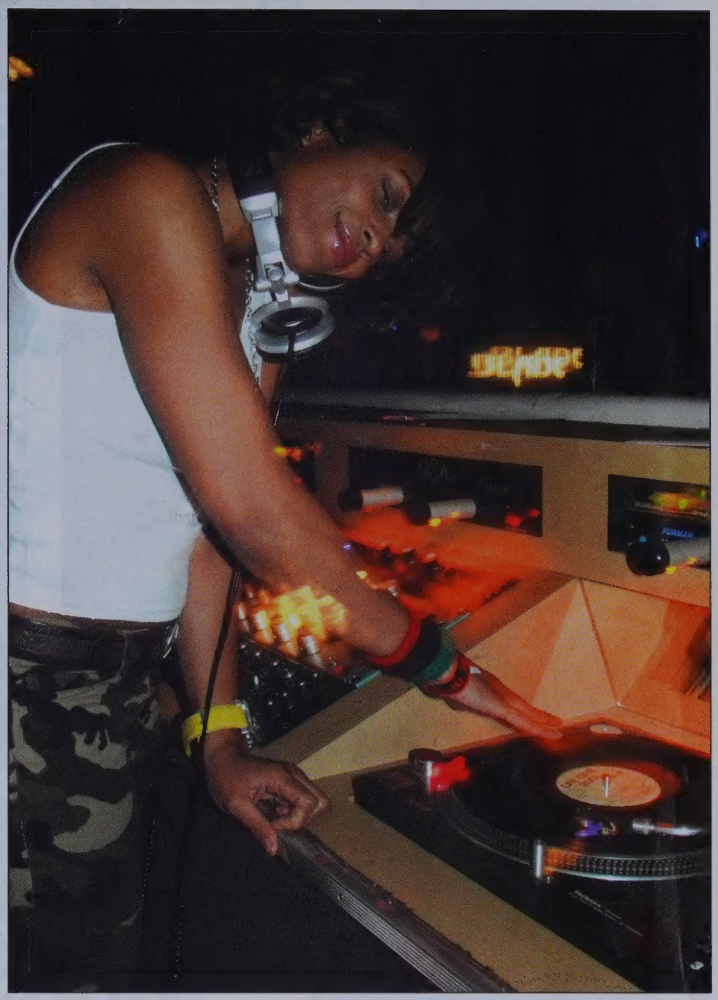
Revised April 2002

Lady DJ

Award-Winning Women Rockin' the One and Twos

words and photography by Tina Paul



DJ BEVERLY BOND at Joe's Pub/NYC

New Line Cinema and Black Diamonds presented Blade 2 /House of Pain premiere party at Centro Fly hosted by Wesley Snipes with DJs Beverly Bond, Tracy Young, Liquid Todd and E-Love.

The Gotham Celebrity DJ series at Joe's Pub that other night was packed with urban music-industry types and their hangers-on. Beautiful model-DJ Beverly Bond WORKED the dance floors! She also release an album last summer. She's not singing on it—just produced all the tracks, with other guests handling the vocals.

Look for her party, WQMB, at club Candy, in collaboration with former Tribe Called Quest frontman Q-Tip and "DJ to the Stars" Mark Ronson. "We're playing hip-hop and soul. Like, real good hip-hop" said Bond. "You know what I mean?" I think so, Bev.

DJ HEATHER at Seasons/Afterhours/All World-Chicago

DJ Heather, Chicago's best-kept secret, has been spending the least amount of her time on the international circuit. Heather's style has become synonymous with her special delivery of underground house, with elements of techno and classic disco. "Many things influence me, more than just one sound. If it's quality music and I enjoy it, I'll play that record...You have to bring a little bit of everything to what you do and that makes for a broader experience." Heather is a Chicago house pioneer trained in the art of transforming dance floors into jumpin'-bumpin' stomping ground.

Quickly becoming one of America's most in-demand DJs, Heather has demonstrated her sharp ability to take hold of the masses - from Vancouver to Toronto, to Berlin, France and Ibiza, Heather is tearing up the floors. DJ Heather has shared the stage with Jamiroquai, Black Grape, and performs as one-third of SUPERJANE, an entity comprised of three very different, but equally determined double-deck talents. Together, DJ Heather, Dayhota and Colette are Chicago's first and only all-female DJ collective.

DJ KAYO from London

DJ Kayo Plays a seamless blend of dance provoking House wrapped in the finest rythms. She played in Miami last summer with 6 other female DJ's called "7 AND 7" (SEVEN INTERNATIONAL FEMALE DJS) at Tantra and at Opium Garden for Essential Mix Party.

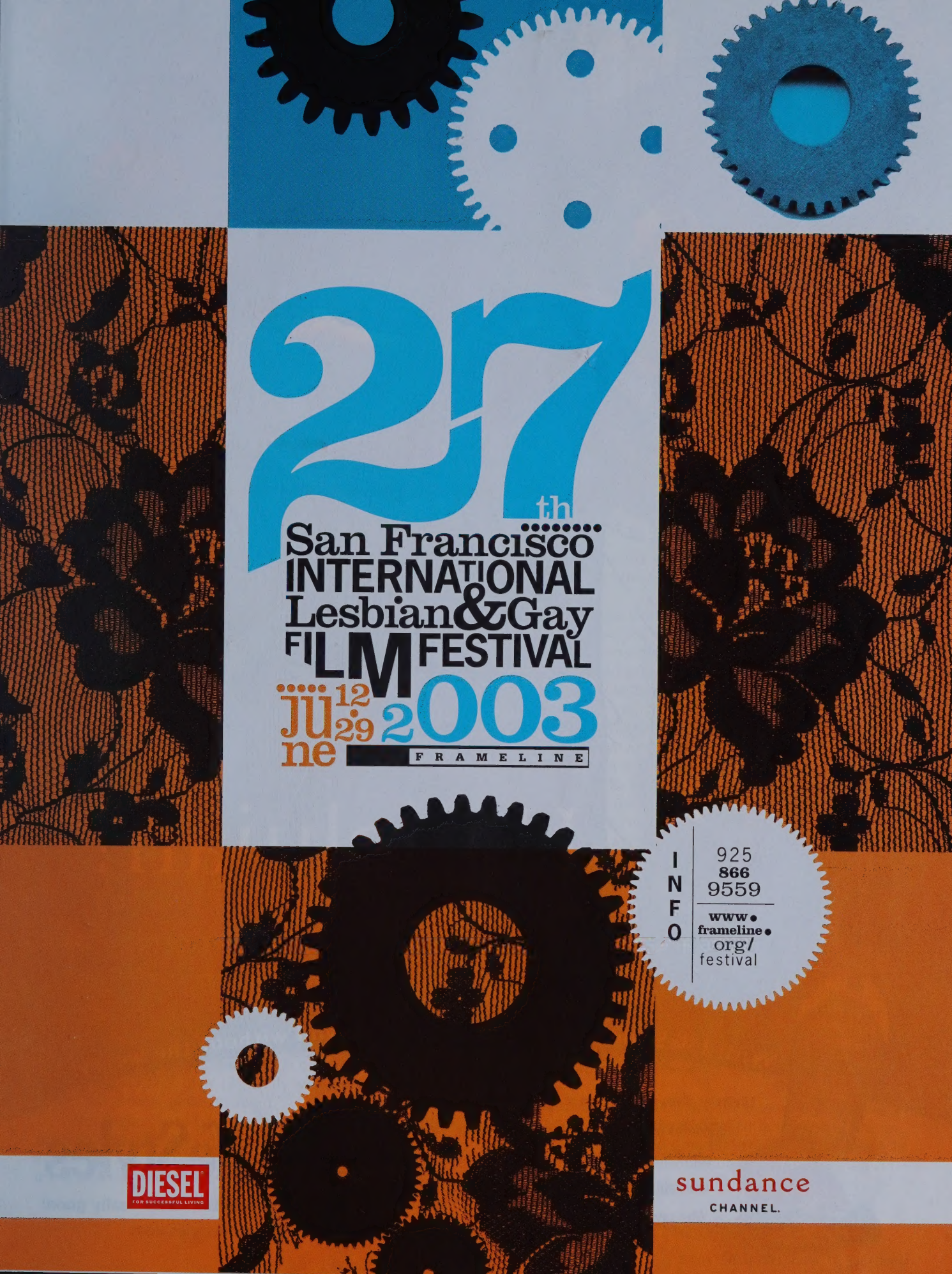
Vocalist TAMARA WALLACE

Murk boys Oscar Gaetan and Ralph Falcon were hyped more on respect than sales figures before they broke out of the American dance mainstream with two of the biggest hits of 1996-97, "Get Fired Up!" and "The Way" by Funky Green Dogs. Gaetan and Falcon had been producing for their own Murk Recordings since the early '90s, and had earned club-play with hits by Liberty City "Some Lovin'," "If You Love Someone" and remixes for Madonna, Pet Shop Boys, the Beloved and RuPaul, among others. After the album "Get Fired Up" appeared in late 1996, a second single "The Way" hit number one on the dance charts. The duo added new vocalist Tamara Wallace, a native of the Bahamas, for their second album "Star."

Though they've added a new singer and moved a bit farther toward actual songwriting, the Murk boys prove they still know their way around some crucial tribal-house grooves. Tamara adds more emotional flair to Funky Green Dogs than past records, and the single "Body" is more than just an interesting club tune.

DJ PAULETTE Nervous/Ministry of Sound

Paulette is one of the most stunning and inspiring radio presenters Ministry has. She's been in front of the mic and camera for so much of her life that fronting Ministry's mid-mornings is merely natural progression! From a Radio 1 series in1994 to fronting a youth TV show on Granada, she's now the face of *MTV Dance* alongside Judge Jules. On top of a best selling album on Nervous Records, DJ-ing around the world and recently working for Azuli, she's been a regular Ministry Of Sound Radio presenter since the launch a year ago. Pauiette's cheeky and endearing on air persona regularly bags her up to 200 emails per show from fans worldwide and her music choices are inspirational. There's no doubt Paulette is in the ascendancy - remember where you heard her!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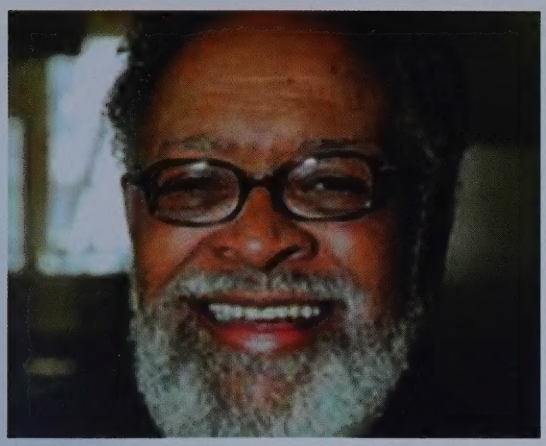
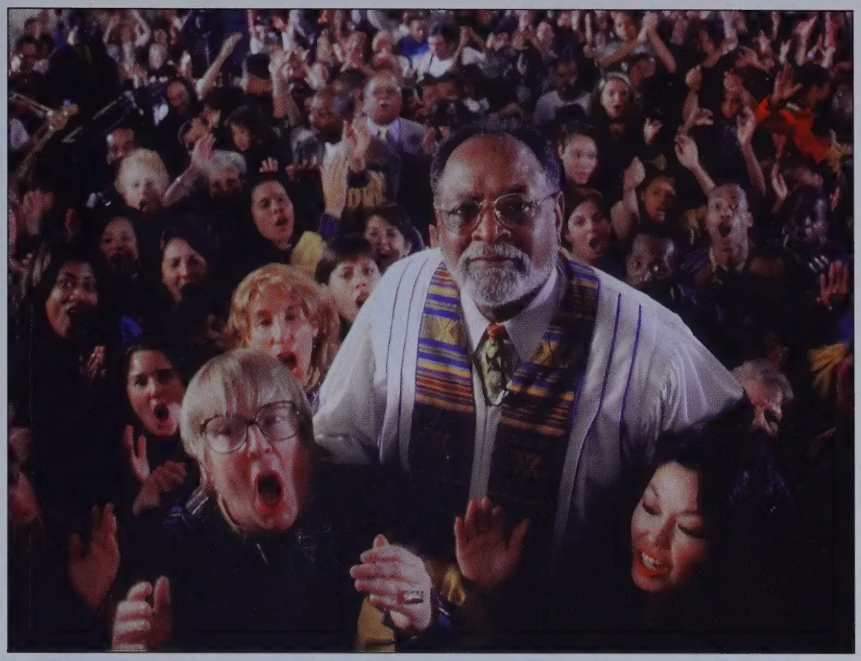




THE-COME-AS-YOU ARE MINISTRY OF The Rev. CECIL WILLIAMS

words by Stanley Bennett Clay

Images by Nita Winter

Reverend Cecil Williams will be featured in the six-part PBS documentary This Far by Faith: African-American Spiritual Journeys *airing June 24-26, 2003 at 9 pm. Check your local listings.*

On February 16, 1974, kidnapped newspaper heiress Patty Hearst made an audiotape explanation defending her SLA captives. She trusted Reverend Cecil Williams to make the delivery to her family. In San Francisco and indeed the world the choice of emissary seemed only logical. The young radical minister, who eight years earlier took over the failing Glide Memorial United Methodist Church, located in San Francisco's notorious red light district known as The Tenderloin, had quickly earned a reputation for bridging the divide between acceptance and rejection, hope and hopelessness. Glide Memorial, under the 37 year guidance of Reverend Williams, has gone from a 35-member white middleclass church in 1966 to an 11,000 member sanctuary today that welcomes all faiths, races, nationalities and sexual orientations.

"The church is not four walls. The church is the people," says Williams. "We relate to people, no matter who they are or what they're into. About 40% of our church is gay and I love it," Williams says from his San Francisco church office.

"The church aught not deny people. In the New Testament I don't see anywhere where Jesus rejected anybody. It is un-Christian to deny people the right to accept themselves as they are."

Born in the small Jim Crow southern town of San Angelo, Texas (population 35,000) during the early 1930's, Cecil Williams knew he had a calling from a very young age.

"Cecil was called rare," remembers his older brother Reedy. "He knew as a kid of 10 or 12 exactly what he was going to do in life. He always spoke his mind."

After high school Cecil became one of the first African Americans to attend Southern Methodist University where he admits he "failed miserably." He then headed west and studied at Berkeley during the beat generation, but it was later in Kansas City, Missouri where his radicalism came into full swing and he became a student and advocate of Liberation Theology.

The new young minister was then sent to San Francisco where he was assigned to pastor Glide immediately scandalizing the small, conservative white congregation by stepping over the pulpit and preaching in the aisle.

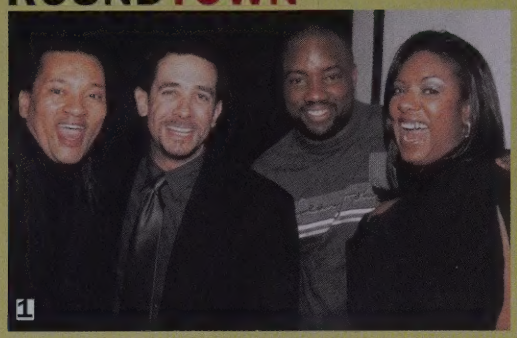
"I took the cross down in the church too because the suffering is not up there. It's down here with the people."

When his outraged congregants could not get him fired they left. Undaunted Reverend Williams canvassed the blighted neighborhood that surrounded him. He went to bars, to the streets, to the parks and crack dens. He spoke to prostitutes and drug addicts, the homeless and the ailing, the poor and the down-trodden. His message of acceptance and inclusion was as infectious as the live jazz-gospel music he soon had blaring from the sanctuary of Glide Memorial. Soon the pews began to fill with a diverse crowd of people, many of them feeling loved and accepted for the first time.

"We must always keep our ears to the drumbeat of the people. We must always be on the cutting edge, to be there for the people who are suffering."

Speakers as diverse as Angela Davis and Hillary Clinton before the congregation which includes an 8 piece band and a 140 voice choir ("Brother, we get down up in here," Reverend Williams laughs). Glide's staff and volunteers also serve over a million meals a year to the hungry while providing shelter and support to battered women and persons living with HIV/AID.

"The church must lead the way in humanizing, not de-humanizing people," says the outspoken minister, author, lecturer, husband, father and grandfather. "We must engage in unconditional love and unconditional acceptance. I am convinced that that is what we are supposed to be doing!



Black 2 Broadway Celebrates a Milestone

Artography by Koi Sojer

The Stars of Broadway came out in full force last Spring to congratulate Kevin Anthony and Sean Hollingsworth on the occasion of their one year anniversary of the baddest show in town, Black 2 Broadway. The Supper Club in the heart of Manhattan was filled to capacity with entertainment industry insiders eager to feel the fire. The all star performance cast did not disappoint!

1. Kevin Anthony, Sean Hollingsworth (producers of B2B), Malik Yoba & Alyson Williams 2. Ron Grant, Ramona Keller, Victor Cook, and BJ Crosby 3. Marva Hicks, Angelique Francis and Star Jones 4. Shirley Murdock & Darryl Tookes 5. Onaje Alan Gumbs, Lilies White, Ron Grant & Alyson Williams

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what i wish my mama had known

words by Tina Fakhrid-Deen

"I often felt, lonely, ashamed, fearful, guilty, and detached. I never told my mother how I felt because I never wanted to hurt her. I knew that she got enough of that from everyone else. As a result, she assumed that everything was fine. Most gay parents do make that incorrect assumption. "

I am a 29 year-old Black heterosexual woman and my mother is a lesbian. She came out to me when I was about 10. It went something like this:

"Do you love Michael Jackson?"

"Yup," I said.

"Well, what if I told you that Michael Jackson was gay?"

"Then I'd call you a lie." (long pause)

"What if I told you that I was gay?"

"Then I'd say so what."

That was the last childhood conversation that I recall us having about my mother's sexual orientation. However, that was not the only time the topic came up. Her homosexuality came up when my grandmother told me that I should come and live with her and get away from my mother and her "nasty ways." It popped up at several churches when the pastor unknowingly demonized my mother by saying that all gays would go to hell. It reared its head in school when kids mocked my gay teacher or when they said ignorant things like "that's so gay" or any other flurry of anti-gay attacks such as dyke, sissy, bulldagger, and faggot.

It slithered in when I asked my mom to use her car, praying that folks would not know what the rainbow sticker in the window represented. It jumped out when people mistakenly referred to my mama as "sir" because she was so butch. It bounced around in my head when I only saw male-female relationships portrayed on television and in my favorite movies. It crept up when I decided to remain a virgin beyond high school because for a while I, along with the boys trying to get into my pants, thought I might be gay. My point is that it came up damn near everyday – loud and clear. There was no way to ignore or distance myself from my mother's sexual identity and no one to discuss it with.

I often felt, lonely, ashamed, fearful, guilty, and detached. I never told my mother how I felt because I never wanted to hurt her. I knew that she got enough of that from everyone else. As a result, she assumed that everything was fine. Most gay parents do make that incorrect assumption.

Now, I am not making any arguments against gay parenting and; nor am saying that I was negatively affected by my mother being lesbian. If you are gay, lesbian, bi or trans, keep doing you. I applaud you for being yourself and living your life without compromise. However, as a parent, you have a responsibility to your children to communicate with them regarding the issues they may face as kids with LGBT parents. Parents cannot assume that their job is done once they have openly come out to their kids. This has to be a continuous conversation, especially during their adolescent years and especially in the homophobic Black community. Our culture does not tend to support its LGBT constituents nor their families. Our families are on a large scale, invisible and un-

accepted. Ignoring this fact leaves your children more vulnerable to heterosexist, cultural bullcrap and that's what can negatively affect their development.

As an adult child of a gay parent, having worked often with children of LGBT parents and looking back at the things that my own mother could have done a little better, I think I have a few credentials to impart some advice. I would like to provide a basic roadmap to Black LGBT parents:

1) Understand that when you come out, your children eventually have to fall out of the closet too. Although it may not be of the same magnitude, we share some of the same fears and issues that you faced during your coming out process (i.e. fear of backlash, dealing with religious issues, internal shame, feelings of despair, loneliness, etc.) Therefore, don't be surprised if your child has a hard time accepting you or accepting themselves as children with LGBT parents. We all have a desire to "fit in" on some level and our lives definitely do not fit into the traditional family mold. In most cases, it took you years to accept yourself as gay, so do not expect it to be an immediate, uncomplicated process for your children.

2) Understand that many of us do have issues with our parents being gay due to the massive societal pressures of living in a "straight" world. I have heard parents say that their kids are fine with them being gay and this may be true but do not put on the rose-colored contacts just yet. Per Abigail Garner, author of *Families Like Mine*, between infancy and prior to middle-school, kids tend to feel safer about their parents being gay because society has not stepped in full force to challenge that notion yet. Once kids get to an age where they 1) are more independent, 2) can intellectually process information, and 3) care about what their peers think, the floodgates of media, family, peers, and religion step in to thwart all of your family affirmation efforts. Do not be anybody's fool. We have not reached the mountaintop just yet. You must put your children in spiritual, social and educational environments where they are affirmed and can see reflections of themselves, especially as Black youth. First, find a spiritual center that supports Black LGBT families. Then, find a youth support group for your children like COLAGE (Children of Lesbians and Gays Everywhere.) If you cannot find an organization that fit their needs, stop complaining and start your own group. You can begin by getting your friends' kids all together in one space with some pizza and music. Make sure that it is free of nosy adults since you will probably be using someone's home initially. Given enough opportunities to be together, the children will begin to forge healthy and supportive relationships and create a space for them to discuss issues important to them. Last, make sure that your children's schools are LGBT friendly. It is difficult enough to learn without negative messages about gays swarming around your children. I dare to say that most schools in predominantly Black communities have not begun the important task of protecting Black LGBT youth in the academic setting, which means that your children are not protected either. Help schools to form gay and straight alliances. Break the myth that being gay is a white reality.

> "Parents cannot assume that their job is done once they have openly come out to their kids. This has to be a continuous conversation, especially during their adolescent years and especially in the homophobic Black community."

3) Listen to your children. Sometimes, as Black parents we follow our own parents' authoritarian style of parenting where kids should be seen and not heard. That is not going to work this time, so hang it up. Let them talk freely about their feelings about having a gay parent and some of the unique difficulties they may face. Sometimes we are reluctant to speak our minds for fear that we will either hurt our parents' feelings, be seen as disrespectful, or invoke anger. If your children fear that there will be repercussions if they open their mouths, then it will be impossible to have open, honest dialogue. Even if they are not talking much, watch the behavior they exhibit at home and at

Continued on page 46

a vigil and a verdict

the murderer of an Atlanta attorney is acquitted of all charges

words by Craig Washington

On March 22, 2003 Atlanta organizers held a candlelight vigil in downtown Marietta to protest the acquittal of Roderquis Rashad Reed, who was charged with the May 2001 murder of Ahmed Dabarran, a 32 year-old closeted black gay man originally from Somalia. Dabarran was a highly respected Fulton County assistant attorney. Reed bludgeoned Dabarran to death in his sleep and admitted to taking his victims car and cell phone afterward yet was acquitted of all charges.

The charges included malice murder, felony murder, aggravated assault and theft. The organizers considered the Cobb County trial a mockery of justice that was manipulated by the use of the "gay panic" defense. Vigil organizers highlighted not only the defense team's tactics but the abject negligence and homophobia displayed by the Cobb County prosecutor Tom Cole. Steve Koval who convened the vigil committee days after the Feb. 28 verdict, told attendants, "Ahmed (Dabarran) was victimized three times, once by his brutal murder, a second time by the disgusting lies his murdered told at the trial...and finally by the justice system which he served so faithfully."

Among the speakers were Faisal Dabarani, Dabarran's brother and Holly Hughes, a colleague who is prosecuting the highly publicized hate crimes case against a Morehouse student charged with beating another student with a baseball bat last November. The event included performances by Adodi Muse, the self-described gay Negro ensemble and the Atlanta Gay Men's Chorus. Fulton County Assistant DA Tamarra Ross recited a wrenching poem.

The Promise
Will somebody speak for me
Will somebody tell of the joy with which I lived
The compassion I shared
The dedication with which I served
Will somebody please speak for me
Fifteen blows to my skull
I can speak no more.

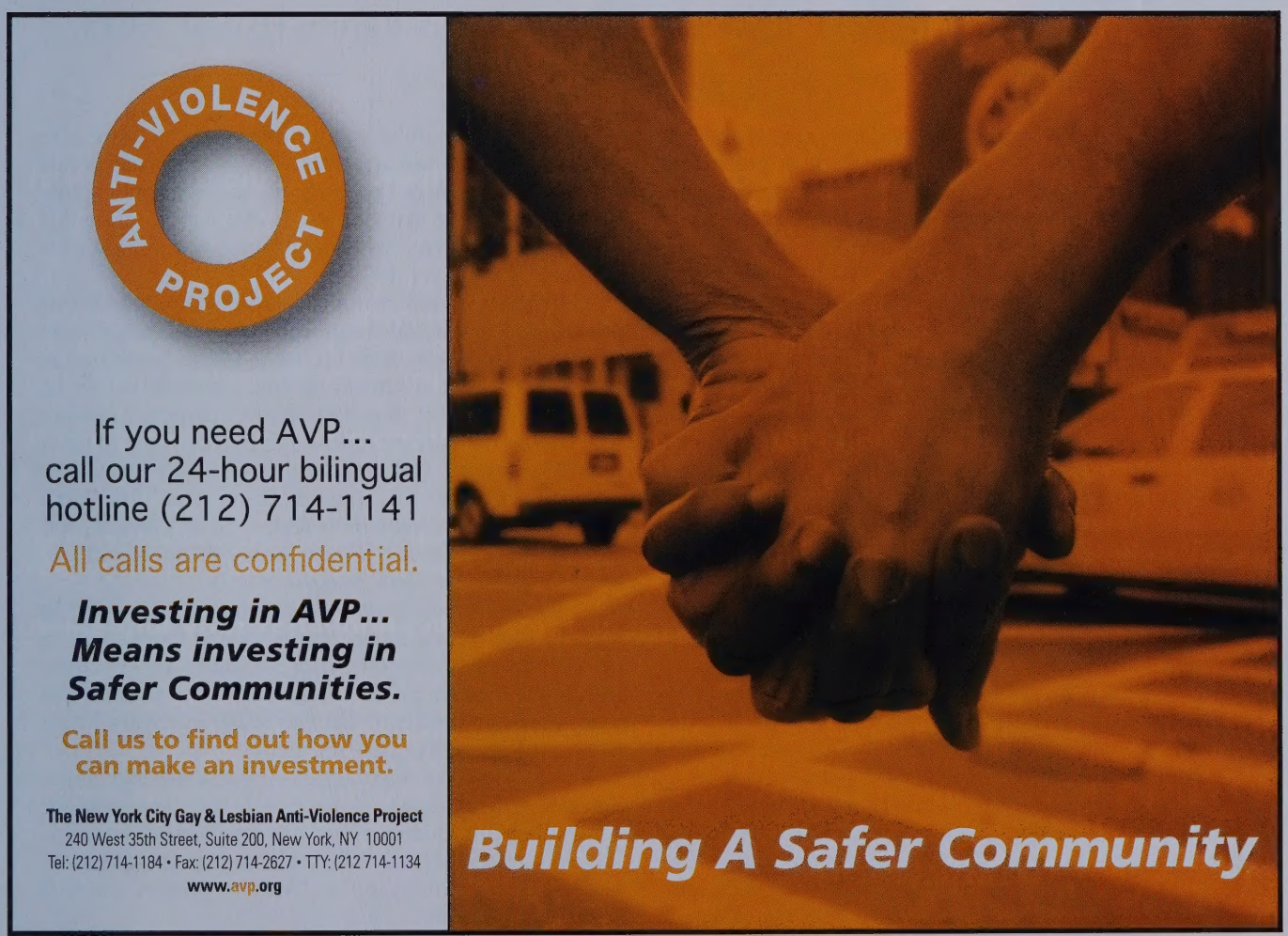
At the trial Reed's attorney Vic Reynolds stated that Reed, a 21 year old black man, and Dabarran met through a chat line. Dabarran invited Reed to a party at his apartment "where there would be lots of girls." A friend of Reed's testified that after Reed arrived at Dabarran's apartment, Dabarran and an unidentified man were playing "homosexual porno tapes." Reynolds said that when Reed objected, Dabarran performed oral sex on him at gunpoint. Reed admitted to hitting him in the head with a pot after he had fallen asleep after drinking rum for hours in order to escape. The Cobb County medical examiner testified that Dabarran had been hit 15 times with a blunt object and that his skull was beaten into his spine. His decomposing body was found in his apartment three days later after colleagues alerted Cobb police that he was missing.

In his closing argument Vic Reynolds offered the following paradoxical portrait of Dabarran. "By day an educated, articulate, felony prosecutor, a married man. The other side of a coin is a man who was on chat lines with teenagers, who frequented gay bars, who preferred street males. A man who picked up other men – a life of deceit. That lifestyle had an effect on my client." The gay panic defense is a commonly used defense attorney's strategy crafted to manipulate anti-gay biases embedded throughout the system and society to justify their defendant's victimization of gays and lesbians. It has often been successfully employed to ensure the acquittal of perpetrators whose guilt appears unquestionable. This device is in many ways an adaptation of tactics used to defend lynching, racist police brutality, and the rape and abuse of women. The defense attorney underscores those acts and characteristics of the victim that are associated with negative stereotypes historically assigned to the victim's

"The gay panic defense is a commonly used defense attorney's strategy crafted to manipulate anti-gay biases embedded throughout the system and society to justify their defendant's victimization of gays and lesbians."

race, sexual orientation and/or gender. Empathy and culpability are transposed as the jury is swayed to identify with the defendant. Assignation of guilt is transferred from the perpetrator to the victim, and empathy is retracted from the victim and bestowed upon the perpetrator.

Several followers of the case claimed that prosecutor Cole failed to provide a competent case. In an apparent attempt to negate Reed's self-identification as heterosexual, Cole told the jury, "(Reed) appeared to be a diligent son during the day, but in the wee hours of the morning he's talking about partying with two homosexuals." Ironically, Cole's re-presentation of Reed closely resembles Reynold's Jekyl and Hyde depiction of Dabarran in its implicit indictment of homosexuality. Cole continually mispronounced Dabarran's name, and with the exception of Dabarran's brother failed to enlist his colleagues as character witnesses. The medical examiners report contained information contradicting the defendant's claim that Dabarran drank heavily before falling asleep that night yet Cole inexplicably failed to introduce such evidence. Sandra Pope, a former police officer and close friend of Dabarran observed, "It was painfully obvious to those who watched the trial unfold in Cobb County that the lead prosecutor became paralyzed by his own homophobia, freezing not only his objectivity, but his ability to act. Apparently the violent murder of a young, gay, black man in Cobb County was not worth the deliverance of justice." In an interview following the verdict Reed's mother Carolyn Reed-Hicks said, "I don't think the jury had anything against gay people. If a person chooses to be gay, that's his choice. But you don't impose yourself. Some men just hate that."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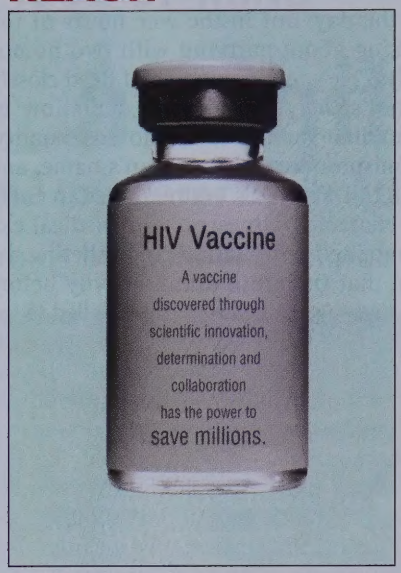

clinical trials expert steven wakefield analyzes the Vaxgen findings

"Yes, Tuskegee happened, but we can't continue to use it as an excuse for not participating in research; times and protections have changed."

The Black community and the scientific community are rocked by the recent news about the results of the world's first Phase III efficacy HIV vaccine study. Other vaccines continue to be tested for safety but this was the first test to see if a vaccine protected folks from HIV or AIDS.

VaxGen, a private company, announced that the vaccine had no significant effect on preventing HIV infection in 5009 volunteers. However, when broken down by race, VaxGen announced that the vaccine was 78% effective in African American individuals (the vaccine was reported to be about 64% effective in people of Asian decent). If this result is scientifically valid, then this is indeed great news for black people, especially since we have had mostly dismal news since the HIV epidemic began. Many scientists and statisticians are skeptical about the results for blacks stating that there weren't enough black participants in the study for the results to be statistically significant. Also, some scientists are stating that they can not think of any biological reason why blacks should have fared better than whites in this study.

Over the coming months, researchers will be pouring over the VaxGen data to verify the reported results. They will also have to share the data with scientists at NIH (National Institutes of Health) and CDC (Centers for Disease Control) for further analysis and verification. Irregardless of the final analysis, there are still several important factors that should be considered by the African American community. The argument that the participation numbers for blacks was too low to provide accurate vaccine results shows how important it is for blacks to step up and participate in research. Yes, Tuskegee happened, but we can't continue to use it as an excuse for not participating in research; times and protections have changed. We also need to pressure our local researchers to make sure that appropriate outreach efforts are being made in our communities to recruit participants in research in a culturally appropriate manner. We have a right to make this request since funding for many of these research projects are paid by taxpayer dollars.

Perhaps the most controversial question is whether or not the FDA (Food and Drug Adminstration) should consider licensing this vaccine for use in Blacks based on the study data. Some scientists say that results based on 13 infections is too few. Some Blacks are calling for another trial testing the vaccine on enough Black people to get a definitive answer. Others are skeptical and see this as just a conspiracy to get Africa to buy the vaccine. The NIH's HIV Vaccine Trials Network is reviewing all previous and current products to see if there is any difference in immune response by Black trial volunteers.

There are many other HIV vaccines being tested in humans that we will be hearing more and more about in the near future. Additional data regarding the effectiveness of the VaxGen product in Asians will come later this year when the results of another study currently being conducted in Thailand are released.

Vaccines control many other viral diseases like polio, measles, and smallpox. A vaccine is the best hope for controlling this epidemic that has ravaged our community and most of Africa. Without a cure or vaccine, safer sex behaviors remain the best way to protect yourself from HIV right now.

I'm DOING WHAT MATTERS TO me again

HIV+ and no energy to do the things you used to do?
You may have anemia – a serious health concern.

Over half of all people who are being treated for HIV are taking medications that include AZT. These medications can reduce the number of red blood cells in your body and cause anemia, which can make you feel tired and weak. Don't just ignore it or try to live with it. PROCRIT increases the production of red blood cells. More red blood cells can mean more energy.

If you think anemia is stopping you from doing what matters to you, talk to your doctor.

Write down anything you might like to talk about beforehand, and ask your questions at the beginning of your appointment. Be specific about how tiredness is affecting you. Example: "I used to be able to work. Now, I can't, even part-time." This is more specific than "I'm tired all the time."

Ask about your red blood cell count, and if PROCRIT is right for you.

PROCRIT is an effective treatment for anemia induced by AZT-containing regimens in HIV patients. PROCRIT is proven and safe. In studies, side effects were similar in PROCRIT- and placebo-treated patients. PROCRIT is available by prescription only and is injected by your doctor or nurse. For complete details, see the Brief Prescribing Information on the following page.

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BRIEF SUMMARY OF PRESCRIBING INFORMATION INDICATED FOR THE TREATMENT OF ANEMIA IN ZIDOVUDINE-TREATED HIV-INFECTED PATIENTS

PROCRIT®
EPOETIN ALFA
For Injection

FOR FULL PRESCRIBING INFORMATION FOR ALL INDICATIONS, REFER TO THE PHYSICIANS' DESK REFERENCE®

INDICATIONS AND USAGE

PROCRIT® (Epoetin alfa) is indicated for the treatment of anemia related to therapy with zidovudine in human immunodeficiency virus (HIV)-infected patients. PROCRIT is indicated to elevate or maintain the red blood cell level [as manifested by the hematocrit (HCT) or hemoglobin determinations] and to decrease the need for transfusions in these patients. PROCRIT is not indicated for the treatment of anemia in HIV-infected patients due to other factors such as iron or folate deficiencies, hemolysis or gastrointestinal bleeding, which should be managed appropriately.

PROCRIT, at a dose of 100 U/kg 3 times per week (TIW), is effective in decreasing the transfusion requirement and increasing the red blood cell level of anemic, HIV-infected patients treated with zidovudine, when the endogenous serum erythropoietin level is ≤500 mU/mL and when patients are receiving a dose of zidovudine ≤4200 mg/week.

CONTRAINDICATIONS

PROCRIT is contraindicated in patients with: 1) Uncontrolled hypertension; 2) Known hypersensitivity to mammalian cell-derived products; 3) Known hypersensitivity to Albumin (Human).

WARNINGS

Pediatric Use: The multidose preserved formulation contains benzyl alcohol. Benzyl alcohol has been reported to be associated with an increased incidence of neurological and other complications in premature infants, which are sometimes fatal. PROCRIT therapy has not been linked to exacerbation of hypertension, seizures, and thrombotic events in HIV-infected patients.

Pure Red Cell Aplasia

Pure red cell aplasia (PRCA), in association with neutralizing antibodies to native erythropoietin, has been observed in patients treated with recombinant erythropoietins. PRCA has been reported in a limited number of patients exposed to PROCRIT. This has been reported predominantly in patients with CRF. Any patient with loss of response to PROCRIT should be evaluated for the etiology of loss of effect (see PRECAUTIONS: Lack or Loss of Response). PROCRIT should be discontinued in any patient with evidence of PRCA and the patient evaluated for the presence of binding and neutralizing antibodies to PROCRIT, native erythropoietin, and any other recombinant erythropoietin administered to the patient. Amgen/Ortho Biotech Products, L.P. should be contacted to assist in this evaluation. In patients with PRCA secondary to neutralizing antibodies to erythropoietin, PROCRIT should not be administered and such patients should not be switched to another product as anti-erythropoietin antibodies cross-react with other erythropoietins (see ADVERSE REACTIONS).

PRECAUTIONS

The parenteral administration of any biologic product should be attended by appropriate precautions in case allergic or other untoward reactions occur (see CONTRAINDICATIONS). In clinical trials, while transient rashes were occasionally observed concurrently with PROCRIT therapy, no serious allergic or anaphylactic reactions were reported. (See ADVERSE REACTIONS for more information regarding allergic reactions.)

The safety and efficacy of PROCRIT therapy have not been established in patients with a known history of a seizure disorder or underlying hematologic disease (eg, sickle cell anemia, myelodysplastic syndromes, or hypercoagulable disorders).

In some female patients, menses have resumed following PROCRIT therapy; the possibility of pregnancy should be discussed and the need for contraception evaluated.

Hematology: Exacerbation of porphyria has been observed rarely in patients with chronic renal failure (CRF) treated with PROCRIT. However, PROCRIT has not caused increased urinary excretion of porphyrin metabolites in normal volunteers, even in the presence of a rapid erythropoietic response. Nevertheless, PROCRIT should be used with caution in patients with known porphyria.

In preclinical studies in dogs and rats, but not in monkeys, PROCRIT therapy was associated with subclinical bone marrow fibrosis. Therefore, zidovudine-treated HIV-infected patients should have HCT measured once a week (QW) until HCT has been stabilized, and measured periodically thereafter.

Lack or Loss of Response: If the patient fails to respond or to maintain a response to doses within the recommended dosing range, the following etiologies should be considered and evaluated: 1) Iron deficiency: Virtually all patients will eventually require supplemental iron therapy (see Iron Evaluation). 2) Underlying infectious, inflammatory, or malignant processes. 3) Occult blood loss. 4) Underlying hematologic diseases (ie, thalassemia, refractory anemia, or other myelodysplastic disorders). 5) Vitamin deficiencies: folic acid or vitamin B12. 6) Hemolysis. 7) Aluminum intoxication. 8) Osteitis fibrosa cystica.

In the absence of another etiology, the patient should be evaluated for evidence of PRCA and sera should be tested for the presence of antibodies to recombinant erythropoietins.

Iron Evaluation: During PROCRIT therapy, absolute or functional iron deficiency may develop. Functional iron deficiency, with normal ferritin levels but low transferrin saturation, is presumably due to the inability to mobilize iron stores rapidly enough to support increased erythropoiesis. Transferrin saturation should be at least 20% and ferritin should be at least 100 ng/mL.

Prior to and during PROCRIT therapy, the patient's iron status, including transferrin saturation (serum iron divided by iron binding capacity) and serum ferritin, should be evaluated. Virtually all patients will eventually require supplemental iron to increase or maintain transferrin saturation to levels which will adequately support erythropoiesis stimulated by PROCRIT.

Drug Interactions: No evidence of interaction of PROCRIT with other drugs was observed in the course of clinical trials.

Carcinogenesis, Mutagenesis, and Impairment of Fertility: Carcinogenic potential of PROCRIT has not been evaluated. PROCRIT does not induce bacterial gene mutation (Ames Test), chromosomal aberrations in mammalian cells, micronuclei in mice, or gene mutation at the HGPRT locus. In female rats treated intravenously (IV) with PROCRIT, there was a trend for slightly increased fetal wastage at doses of 100 and 500 U/kg.

Pregnancy Category C: PROCRIT has been shown to have adverse effects in rats when given in doses 5 times the human dose. There are no adequate and well-controlled studies in pregnant women. PROCRIT should be used during pregnancy only if potential benefit justifies the potential risk to the fetus.

In studies in female rats, there were decreases in body weight gain, delays in appearance of abdominal hair, delayed eyelid opening, delayed ossification, and decreases in the number of caudal vertebrae in the F1 fetuses of the 500 U/kg group. In female rats treated IV, there was a trend for slightly increased fetal wastage at doses of 100 and 500 U/kg.

Nursing Mothers: Postnatal observations of the live offspring (F1 generation) of female rats treated with PROCRIT during gestation and lactation revealed decreases in body weight gain, delays in appearance of abdominal hair, eyelid opening, and decreases in the number of caudal vertebrae in the F1 fetuses of the 500 U/kg group. It is not known whether PROCRIT is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when PROCRIT is administered to a nursing woman.

Pediatric Use: See WARNINGS, Pediatric Use.

Pediatric HIV-Infected Patients: Published literature has reported the use of PROCRIT in 20 zidovudine-treated anemic HIV-infected pediatric patients ages 8 months to 17 years, treated with 50 to 400 U/kg subcutaneously (SC) or IV, 2 to 3 times per week (BIW to TIW). Increases in hemoglobin levels and in reticulocyte counts, and decreases in or elimination of blood transfusions were observed.

Hypertension: Exacerbation of hypertension has not been observed in zidovudine-treated HIV-infected patients treated with PROCRIT. However, PROCRIT should be withheld in these patients if pre-existing hypertension is uncontrolled, and should not be started until blood pressure (BP) is controlled. In double-blind studies, a single seizure has been experienced by a patient treated with PROCRIT.

ADVERSE REACTIONS

Immunogenicity

As with all therapeutic proteins, there is the potential for immunogenicity. Cases of antibody-induced PRCA in patients treated with recombinant human erythropoietins have been described in publications.

Very rare occurrences of PRCA and the presence of antibodies with neutralizing activity have been reported since market introduction of PROCRIT in the United States (see WARNINGS: Pure Red Cell Aplasia). Cases have been observed in patients treated by both SC and IV routes of administration. Among reported cases where the route of administration is known, PRCA has been observed more with SC administration than IV administration.

The incidence of antibody formation is highly dependent on the sensitivity and specificity of the assay. Additionally, the observed incidence of antibody positivity in an assay may be influenced by several factors including sample handling, timing of sample collection, concomitant medications, and underlying disease. For these reasons, comparison of the incidence of antibodies to PROCRIT with the incidence of antibodies to other products may be misleading.

Adverse events reported in clinical trials with PROCRIT in zidovudine-treated HIV-infected patients were consistent with the progression of HIV infection. In double-blind, placebo-controlled studies of 3-months duration involving approximately 300 zidovudine-treated HIV-infected patients, adverse events with an incidence of ≥10% in either patients treated with PROCRIT or placebo-treated patients were:

Percent of Patients Reporting Event: Event followed by Patients Treated With PROCRIT (N=144) first, Placebo-Treated Patients (N=153) second:
Pyrexia 38%, 29%; Fatigue 25%, 31%; Headache 19%, 14%; Cough 18%, 14%; Diarrhea 16%, 18%; Rash 16%, 8%; Congestion, Respiratory 15%, 10%; Nausea 15%, 12%; Shortness of Breath 14%, 13%; Asthenia 11%, 14%; Skin Reaction (Administration Site) 10%, 7%; Dizziness 9%, 10%.

There were no statistically significant differences between treatment groups in the incidence of the above events.

In the 297 patients studied, PROCRIT was not associated with significant increases in opportunistic infections or mortality. In 71 patients from this group treated with PROCRIT at 150 U/kg TIW, serum p24 antigen levels did not appear to increase. Preliminary data showed no enhancement of HIV replication in infected cell lines in vitro.

Peripheral white blood cell and platelet counts are unchanged following PROCRIT therapy.

Allergic Reactions: Two zidovudine-treated HIV-infected patients had urticarial reactions within 48 hours of their first exposure to study medication. One patient was treated with PROCRIT and one was treated with placebo (PROCRIT vehicle alone). Both patients had positive immediate skin tests against their study medication with a negative saline control. The basis for this apparent preexisting hypersensitivity to components of the PROCRIT formulation is unknown, but may be related to HIV-induced immunosuppression or prior exposure to blood products.

Seizures: In double-blind and open-label trials of PROCRIT in zidovudine-treated HIV-infected patients, 10 patients have experienced seizures. In general, these seizures appear to be related to underlying pathology such as meningitis or cerebral neoplasms, not PROCRIT therapy.

OVERDOSAGE

The maximum amount of PROCRIT that can be safely administered in single or multiple doses has not been determined. Doses of up to 1500 U/kg TIW for 3 to 4 weeks have been administered to adults without any direct toxic effects of PROCRIT itself. Therapy with PROCRIT can result in polycythemia if the HCT is not carefully monitored and the dose appropriately adjusted. If the suggested target range is exceeded, PROCRIT may be temporarily withheld until the HCT returns to the suggested target range; PROCRIT therapy may then be resumed using a lower dose (see DOSAGE AND ADMINISTRATION). If polycythemia is of concern, phlebotomy may be indicated to decrease the HCT.

DOSAGE AND ADMINISTRATION

Prior to beginning PROCRIT, it is recommended that the endogenous serum erythropoietin level be determined (prior to transfusion). Available evidence suggests that patients receiving zidovudine with endogenous serum erythropoietin levels >500 mU/mL are unlikely to respond to therapy with PROCRIT.

Starting Dose: For adult patients with serum erythropoietin levels ≤500 mU/mL who are receiving a dose of zidovudine ≤4200 mg/week, the recommended starting dose of PROCRIT is 100 U/kg as an IV or SC injection TIW for 8 weeks. For pediatric patients, see PRECAUTIONS, Pediatric Use.

Increase Dose: During the dose adjustment phase of therapy, the HCT should be monitored weekly. If the response is not satisfactory in terms of reducing transfusion requirements or increasing HCT after 8 weeks of therapy, the dose of PROCRIT can be increased by 50-100 U/kg TIW. Response should be evaluated every 4-8 weeks thereafter and the dose adjusted accordingly by 50-100 U/kg increments TIW. If patients have not responded satisfactorily to a PROCRIT dose of 300 U/kg TIW, it is unlikely that they will respond to higher doses of PROCRIT.

Maintenance Dose: After attainment of the desired response (ie, reduced transfusion requirements or increased HCT), the dose of PROCRIT should be titrated to maintain the response based on factors such as variations in zidovudine dose and the presence of intercurrent infectious or inflammatory episodes. If the HCT exceeds 40%, the dose should be discontinued until the HCT drops to 36%. The dose should be reduced by 25% when treatment is resumed and then titrated to maintain the desired HCT.

STORAGE

Store at 2° to 8°C (36° to 46°F). Do not freeze or shake.

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Artist: Miguel Angel Reyes

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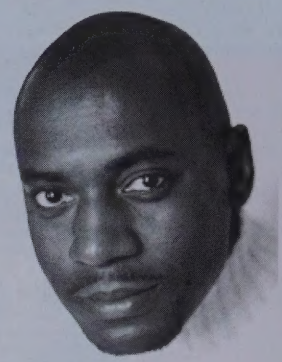
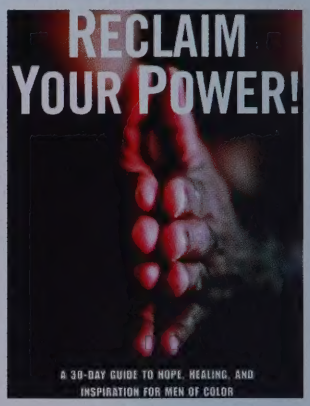
RECLAIM YOUR POWER:
A 30-Day Guide to Hope, Healing, and Inspiration for Men of Color, Villard Books
by Tarrence Dean Foreward by Tavis Smiley



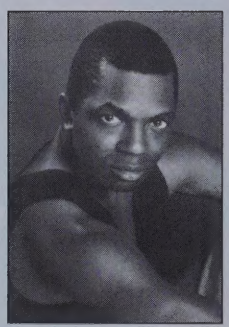


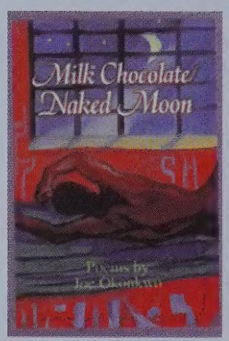
Growing up in Detroit, Terrance Dean faced many hardships including losing his mother (a heroin addict) and two younger brothers to the AIDS virus. Through it all, however, he never lost faith in God or in himself and used spirituality as a tool for overcoming what for others would have been insurmountable. Now a successful writer, speaker, and community philanthropist, Terrance has written *RECLAIM YOUR POWER! A 30-day Guide to Hope, Healing, and Inspiration For Men of Color* to help other black men like himself embrace and incorporate spirituality in their every day lives.

The literary Soul Writer and entrepreneur is the founder/creator of Men's Empowerment, Inc., The Education Source and The Chat 'n Chew Power Brunch. He is also co-creator of The Gathering of Men with Adeyemi Bandele, the husband and spiritual partner of acclaimed teacher and best-selling author Iyanla Vanzant. Dean made his literary debut with his self-published book, *Be Empowered: 30 Days of Meditation for Men of Color.* This book landed Dean his current book deal with the imprint Random House/Villard.

Designed in a day-by-day format, *RECLAIM YOUR POWER* offers wisdom in accessible bites by providing exercises and meditations that can be practiced anywhere, at any time. Themes such as "Trust Yourself", "Can't No One Stop You But You", and "Be An Inspiration" are assigned to each day and short narratives are provided to explain their significance. Exercises and quotes from famous men of color like Thurgood Marshall, Colin Powell, and Bill Cosby further enhance the learning experience and make it interactive.

Milk Chocolate/Naked Moon
by Joe Okonkwo On Demand Printing
ISBN: 0-595-24899-3
www.nakedmoon.net





Joe Okonkwo has produced a volume of poetry that is actually a mosaic of African-American and Gay issues. This riveting collection covers everything from Jazz and sex, to politics and dating; from racism within Gay community, to black on black racism. There are poems about the journey from depression to wholeness and poems about exuberant gay men flouncing about the streets wearing only silk boxer shorts and argyle socks. Joe Okonko fearlessly tackles taboo subjects such as what some African-Americans really think about the ghetto; who really bears the blame for slavery and how expectations set fourth by the Gay media affect those who don't or can't comply. *Milk Chocolate/Naked Moon* is exactly what we've been waiting for; an unpredictable page turning collection of poetry.

Sowa's Red Gravy Stories
by Diane Richards
1St Books Library
www.HarlemRenaissance Publishing.com

Spirits, good and bad, are everywhere in Harlem. As 110-year-year-old Witch, Sowa says, "If you don't know where yah going, it might be betta to stay at home." But *Sowa's Red Gravy Stories* is not about spooky stories of Harlem but rather about life's ups and downs and interesting folks in the neighborhood.

Author, Diane Richards is a proud member of the Harlem Writers Guild, the oldest African American writers guild in the world, and the legendary guild of Maya Angelou, Terry McMillian and Ossie Davis. Loving all genres of writing, Ms. Richards is the founder of HarlemRenaissancePublishing.com and HarlemRenaissanceWritersGuild.com. Both Internet companies focus on the development and promotion of young emerging African Americans writers.

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Michael A. Adams with Chicago designer Jesse Rodriguez

we've got your hook up!

our jet-setting travelor editor, Michael A. Adams, has done the Hot and Hip homework for you. Get out of the hotel this Pride Season and check these new spots to see and be seen.

Just for you, a list of the "hot and new" in major cities across the nation where LGBT festivals are scheduled this summer: The kind of places and things that tourists won't always come across on their own.

New York

With so much to be thankful for try praise and worship on Sunday morning at Donnie McClurkin's Perfecting Faith Church on Long Island, (516/223-8300). Dance up a storm, get the word, then head on over to Akwaakba Café for Sunday brunch.

Between the hours of 11:00 A.M and 6:00 P.M., in the Bedford Stuyvesant section of the city, Akwaaba serves a lavish buffet influenced by the African Diaspora. Turkey bacon, sweet potato pancakes, fried chicken, fish and sweet potatoes, salmon cakes and more. Owner/operator, Monroe Shannon describes the ambience as "upscale, but not uptight, with a very international, yet neighborly feel." (718/774-1444)

Black to Broadway is publisher, Charlene Cothran's pick for a stellar experience in theatre. "All the top Black Broadway performers and industry insiders flock to this event." Two things to remember: MONTHLY ON MONDAY! (www.b2productions.org) Don't forget Russell Simmons' Def Poetry play on Broadway. (www.playbill.com.)

Philadelphia

Trendy South Street is home to Galerie T' Elgee, the must see for fine art aficionados. Extraordinary works from Haitian and other artists of color are yours to see and take home. (www.galerietelgee.com)

For gallery owner Terrence L. Gore, the very opulent Ritz Carlton Hotel on Independence Mall, where a decadent chocolate buffet is served every Friday and Saturday evening, is Philly's must do. "It's a great place to swirl a costume, see and be seen."

History buffs and wannabes, which should include all of us, need to know Sandra Steward of Great American Tours. Her culturally enlightening tours will blow your mind! (www.gatours.com)

Chicago

For an experience in eccentricity, Jesse Rodriguez recommends a visit to Pasha where on Tuesdays and Saturdays you can Salsa, flamenco or belly dance to world music at its best, courtesy of the award winning Bandoleros. French-Italian cuisine is served until 3:00 A.M. weekdays and 4:00 on the weekend. Get this, the ladies room has a full service bar inside! Wonder what goes on in there...? Dress to impress for this multicultural, multi-sexual-crowd. (www.pasharest.com)

Atlanta

In Peachtree paradise, Trish Carter, author of "Linger: Lust is Surface," a scratch and sniff interactive, loves the Buckhead Backlot AMC Theaters at 3340 Peachtree Rd. NE. "You can order and receive beer, wine and food right from your seat."

Washington, D.C.

For the ultimate in tranquility, Vincent Reed suggests the United States National Arboretum. Situated on 446 acres with 9.5 miles of winding roadway, it's a picture perfect place for a picnic.

Exotic aquatic plants, Asian flowers, an azalea collection, holly and magnolia collections, an herb garden, a bonsai museum and on and on.... No wonder it was named one of the Top 10 Botanical Gardens in America! www.usna.usda.gov/

Miami

Flaunt your best assets over cocktails in the Showroom lounge at the just opened Hotel Clinton South Beach. Dine on display at Pao, where the cuisine is soul satisfying Chinese. Take it off for a dip in the wave pool. Then freshen up in the privacy of your room

Ultralight Adventure Ride in South Beach, Miami

where the layout is far less confining than most. With speakers throughout, watch cable TV, a DVD or listen to a CD from as far away as the bathroom. Grace the lobby with your presence once more to take advantage of the complimentary use of bikes, beach chairs and water coolers. Packaged deals for a two-nights stay including breakfast daily, a bottle of wine, and a three-hour bay cruise, begin at $155. (www.clintonsouthbeach.com)

Elevate your SoBe experience with an Ultralight Adventure Ride. An unobstructed view from the big blue provides an extraordinary observation of marine life in the aqua sea below. Tony, your personal pilot, can fly by exclusive Fisher Island, pass downtown Miami's skyscrapers and over the big, bad and beautiful cruise ships resting in port. www.ultralightadventures.com

By the way, the 12th Street beach is where the kids flock for fun and frolic.

Houston, TX

A best-kept secret according to Sean Dawson, vice president of Houston Splash, is the Breakfast Klub. Crispy chicken served with tender waffles, mouthwatering catfish and creamy grits with eggs and biscuits on the side are served at the 3711 Travis Street address. For the froux froux in you, espresso and gourmet coffee keep it real.

As a pre-dinner, post theater or just because option consider cocktails at Dive Lounge for an out of water experience at the new Downtown Aquarium. (www.downtownaquarium.com)

Los Angeles/ Southern California

On the cusp of Beverly Hills and West Hollywood you can't miss the Beverly Center, a half day doable shopping venue with Bloomies, Macy's, Armani, Hugo as in BOSS, D&G, Louis V. (for Vuitton), M.A.C. for your face and Neuhaus chocolates to taste. The food court rests above it all with an outdoor deck where on a clear day you can almost touch the downtown skyline.

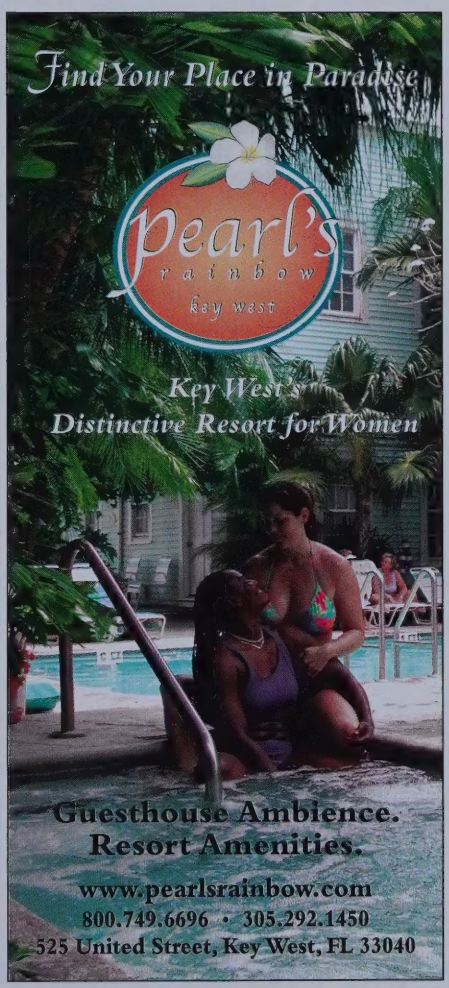
Two blocks north and three to the west is Elixir. This celebrity frequented, Melrose Avenue hot spot has some of the best teas in town. Out back there's a lovely garden with lots of cozy seating in a very serene scene bearing a fountain in the middle. If you're lucky you might catch or be caught! For best

results go with tea on your mind.

The Bay Area/Northern California Hot off the press, according to publicist Orlando De Bruce, the first Thursday and the fourth Saturday of every month is about Club Mirage at the Sound Factory. Located at 525 Harrison Street, it's San Francisco's only club catering to the black LGBT constituency since the departure of Club Rimshot/Bench and Bar. This multi level venue for men and women with several dance floors and bars is far from a dive.

Talk About Travel

Here's your chance to speak directly with our travel editor, Michaek A. Adms. Send mail to travel@venusmagazine.com. Share news, request reviews, get information and answers to your specific questions concerning travel and tourism.



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What I Wish My Mama Had Known

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school. Are they acting out in classes? Do they always seem to have an attitude with you? Some of it is age appropriate, but some of it may have to do with them trying to deal with you being gay. This especially rings true if you yourself have not come to terms with your own sexuality. If you seem apologetic or ashamed about being gay or they never hear you challenge others saying negative things about gays, then they are left without a guide and may exhibit similar behavior. Don't be afraid to seek family counseling support if necessary. There are therapists out there who understand Black LGBT issues.

4) Give your children the communication skills and personal tools needed to deal with tough situations. I got into fights all of the time about my mama being gay and know of folks who have been jumped in school because other kids found out they have a gay parent. You must teach your children how to respond effectively and safely when confronted with gay bias and discrimination – even if it is by a family member. Give your children the right language to use and encourage them to stand proud. Continue to empower them with your love and support. Affirm our community by teaching them about all of the powerful, intelligent and influential leaders, writers, athletes, educators, movie stars, and politicians that are Black and gay. Teach them to take pride in our families. Teach them to love their complex selves.

Alma de Cuba

continued from page 21

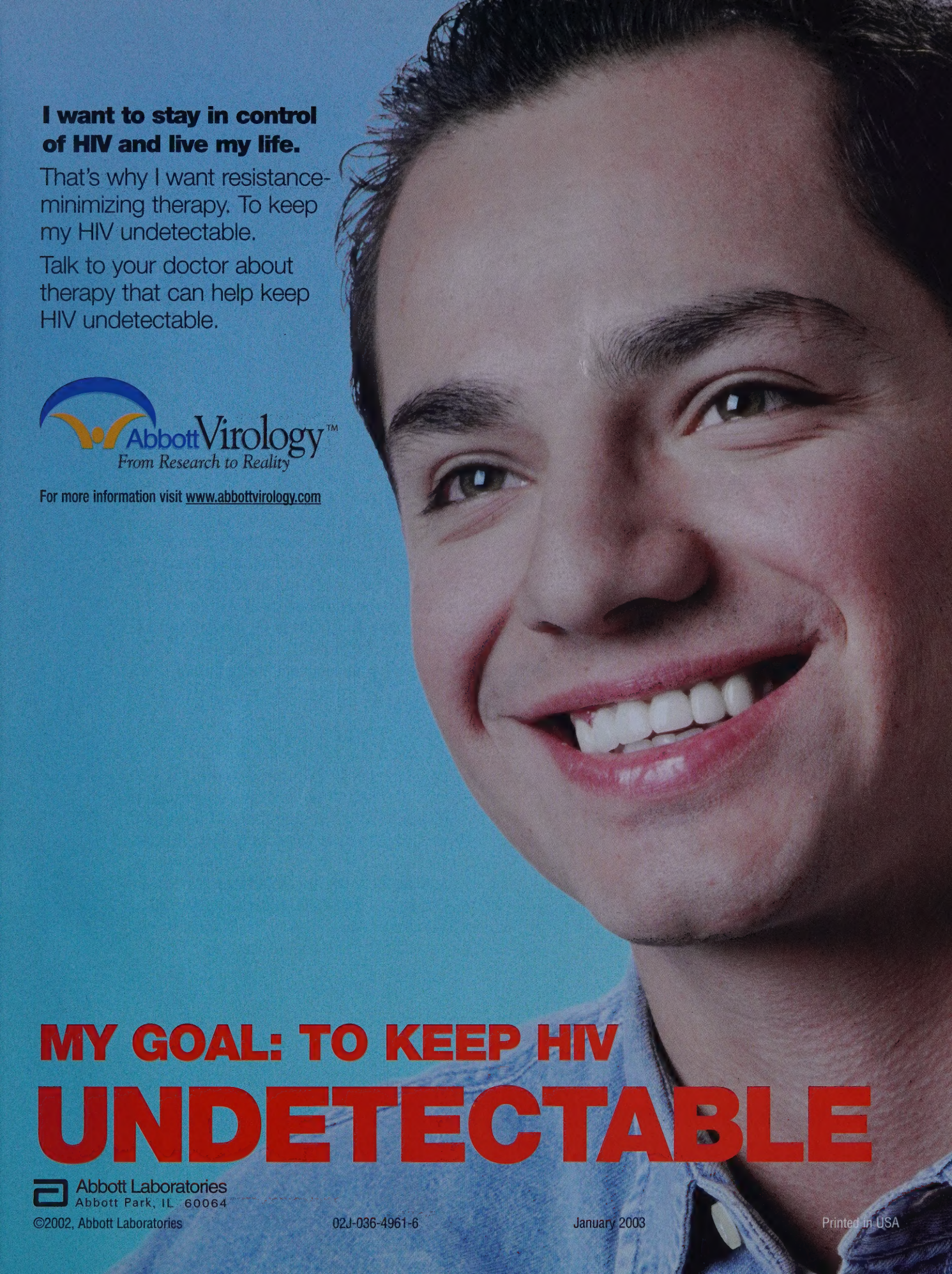
touch either of these.

Molton Fundido de Congrejo, a fondue of jumbo lump crab meat, malanga, manchego and chihuahua cheeses served with malanga and plantain chips, is one of those fun appetizers that will never disappoint. I'm also a fan of empanadas. Their truffled wild mushroom empanada made me want to holler and throw up both my hands! It's truffled empanada dough filled with shiitake, porcini and crimini mushrooms served over sweet onion escavilada in a sweet corn sauce. Shaking my head and licking my lips, all I can say when I was through was umh!

Seared scallops, if and when prepared to perfection, tend to do it for me. At Alma de Cuba pan seared diver scallops are wrapped in Serrano ham served with piquillo peppers, roasted tomato quinoa & marinated white asparagus with a black olive vinaigrette for a painstakingly enchanting entrée. If I had been home I would have removed my shoes to wiggle my toes in appreciation of such fine cuisine.

Delectable sides range from black beans and white rice, fried sweet plantains, sautéed spinach with garlic, arroz imperial, yuca rellenas with lamb picadillo and yuca fries with mojo. And I thought that Miami's Versailles (a Cuban classic) had it going on!

For desert, you've got to try the chocolate cigar. It's actually almond cake wrapped in chocolate mousse, dusted with chocolate and served with dulce de leche ice cream. And to think that I thought I could taste it without eating it all...! Also, if you've never had Cuban coffee, do your self a favor and try it. It's really strong, which will help you get moving in case you ate too much of a good thing.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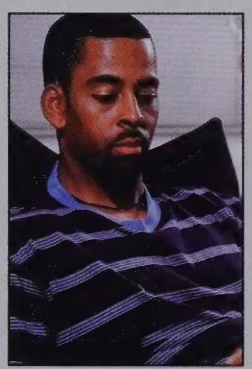

www.BlackAIDS.org

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remembering sistah simone

words by Michael K. Watts
image by Carol Friedman

The world mourns the loss of legendary jazz pianist Nina Simone

Nina Simone, The High Priestess of Soul known for transcending racial and musical barriers, raising social consciousness, and invoking tears and cheers with the raspy sound of her voice, died on April 21 at her home in Carry-le-Rouet in Southern France. She was 70.

Simone's manager Clifton Henderson was at her bedside and says she died in her sleep of "natural causes" after a long illness. Despite failing health in recent years, Simone continued traveling around the globe, performing her extraordinary repertoire of jazz, folk, gospel, blues and soul music that made her an enigmatic songstress for many decades. On stage she was the consummate pianist and vocalist, with a sometimes soothing, sometimes searing voice that was unforgettable. Off stage, she was a tormented genius ahead of her time, often temperamental and abrasive, unable to cope with the unavoidable racism of her native land.

Born Eunice Kathleen Waymon in 1933 in Tryon, North Carolina, she began playing the piano at age 4. She received a scholarship to the Juilliard School of Music--a rare opportunity for Blacks in the 1950s. But she ran out of money to support herself after a year at Juilliard, so she left school and moved back in with her family who lived in Philadelphia at the time. To make money she began singing jazz and playing piano at nightclubs in Philadelphia and Atlantic City. She assumed her stage name to keep her staunch Methodist mother from finding out how she was making her money. Her Hispanic boyfriend nicknamed her Nina ("little girl"), and the name Simone was inspired by French actress Simone Signoret.

Her classical training combined with her raw, often piercing voice made her a hit on the club circuit, despite her then unconventional afrocentric hairstyle and attire. Eventually, the mainstream music industry took note, and in 1957 she recorded her first album, which produced her first hit, a rendition of Gershwin's "I Loves You, Porgy." Other hits like "My Baby Just Cares for Me" and "I Put a Spell on You" would follow. In the 1960s she became a musical icon in the civil rights movement, using her music as her platform for activism. Infuriated by the murder of civil rights advocate Medgar Evers and the Birmingham church bombing that killed four young girls, Simone recorded powerful songs like "To Be Young, Gifted and Black," "Four Women," "Why (The King of Love is Dead)" and "Mississippi Goddam." The bitterness that shines through in the latter song would eventually lead her to leave the United States in the 1970s, fed up with entrenched racism and broke from a fledgling career once her music of empowerment was no longer en vogue.

Simone lived in Britain, The Netherlands, Barbados, Trinidad and Liberia before eventually settling in France in 1984. She still recorded a couple of albums in the Unites States, and in 1991 she penned her autobiography, *I Put a Spell On You*. Her 1993 album "A Single Woman" received critical acclaim, rejuvenating her career. Yet, just as she was riding a wave of renewed popularity in the 1990s, her health began to decline, prompting her to perform less and less. Her timeless music and indomitable spirit will be remembered for years to come.

Simone is survived by three brothers, a sister and one daughter, Lisa Celeste, a singer and actress known professionally as Simone, who currently stars on Broadway in AIDA. The younger Simone has established the Nina Simone Foundation in her mother's honor. For more information contact the Foundation at 156 West 56th Street, 4th Floor, New York, New York 10019.

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Author **Thomas Glave** Shares His View From a Bridge

Vol. 9 No. 3, 2003
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Earvin "Magic" Johnson,
diagnosed HIV positive in 1991.

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COMBIVIR is a prescription product for HIV and contains two medicines proven to help people with HIV live longer, healthier lives. COMBIVIR is one tablet, taken twice a day, with or without food. COMBIVIR is used in more patients and more major combination studies than any other HIV therapy.

Safety Information

- Make sure to see your doctor regularly because serious side effects can occur, such as muscle damage and a decrease in red and white blood cells
- A buildup of lactic acid in the blood and an enlarged liver, including fatal cases, have been reported
- Changes in body fat may occur in some patients taking antiretroviral therapy. The cause and long-term health effects of these conditions are not known at this time
- Low risk of problems with the pancreas in adults and adolescents
- The most frequent side effects are headache, upset stomach, malaise or fatigue, and runny nose

When the time is right for you, ask your doctor about COMBIVIR in combination with other HIV medicines.

Call 1-888-TREAT HIV/Visit www.treatHIV.com

Please see important information about COMBIVIR on adjacent page.

COMBIVIR®
150 mg lamivudine+zidovudine 300 mg
TABLETS

COMBIVIR®
150 mg lamivudine+zidovudine 300 mg
TABLETS

Patient Information about COMBIVIR Tablets

for HIV (Human Immunodeficiency Virus) Infection
Generic name: lamivudine/zidovudine tablets

Please read this information before you start taking COMBIVIR. Staying informed will help you to work more closely with your doctor and healthcare team to determine what is best for you. Remember, this information does not take the place of careful discussion with your doctor. You should remain under a doctor's care when using COMBIVIR and should not change or stop treatment without first talking with your doctor.

What is COMBIVIR?

COMBIVIR is the brand name of a tablet that combines EPIVIR® Tablets (lamivudine tablets) [3TC®] and RETROVIR® (zidovudine) Tablets [ZDV], two drugs which are used to treat HIV (human immunodeficiency virus). HIV is the virus that causes AIDS (acquired immune deficiency syndrome).

How does COMBIVIR work?

COMBIVIR is a combination of lamivudine (la-MIV-u-deen) and zidovudine (Zi-DOHV-u-deen), two medicines (nucleoside analogues) that slow down the replication of the HIV virus. This can reduce the virus' ability to infect new cells. It may help lower the amount of HIV in your body (called "viral load") and raise your CD4 (T) cell count. Lamivudine plus zidovudine when used together can have stronger (synergistic) effects against the virus. COMBIVIR is a convenient way of taking lamivudine and zidovudine. COMBIVIR should usually be taken with other anti-HIV therapy.

Will COMBIVIR work the same as EPIVIR and RETROVIR taken together?

Taking one COMBIVIR Tablet twice a day is the same as taking one EPIVIR 150 mg Tablet twice a day and either two RETROVIR 100 mg Capsules three times a day or one RETROVIR 300 mg Tablet twice a day.

How should I take COMBIVIR?

Take COMBIVIR as your doctor prescribes it. The recommended dose is one COMBIVIR Tablet orally two times a day, with or without food. To help make sure you will benefit from COMBIVIR, you must not skip doses or take "drug holidays."

What should I do if I miss a dose of COMBIVIR?

If you miss a dose by more than 4 hours, wait and then take the next dose at the regularly scheduled time. However, if you miss a dose by less than 4 hours, take your missed dose immediately. Then take your next dose at the regularly scheduled time. Do not take more or less than your prescribed dose of COMBIVIR at any one time.

Does COMBIVIR cure HIV infection or AIDS?

No, there is not a cure for HIV infection or AIDS. People taking COMBIVIR may still develop infections or other illnesses associated with HIV. Because of this, it is very important to remain under the care of a healthcare provider. Use of lamivudine plus zidovudine has been shown to help patients with HIV infection stay healthy and live longer.

Does COMBIVIR reduce the risk of passing HIV to others?

No, COMBIVIR, as well as other HIV medications, has not been shown to reduce the risk of passing HIV to others through sexual contact or blood contamination.

Who should not take COMBIVIR?

You should not take COMBIVIR if you have had a serious allergic reaction to either lamivudine (also known as EPIVIR or 3TC) or zidovudine (also known as RETROVIR or ZDV).

Do not take COMBIVIR at the same time as EPIVIR or RETROVIR, or TRIZIVIR® (abacavir sulfate/lamivudine/zidovudine), because they also contain lamivudine and zidovudine.

Individual dosing with EPIVIR plus RETROVIR, rather than COMBIVIR, should be considered for:

- A child under 12 years of age.
- Anyone who requires dosage adjustments due to drug side effects or poor kidney function.

If you are 65 years of age or over, consult your healthcare professional about the functioning of your liver, kidneys, and heart; about other illnesses you may suffer from, and about any other medications you may be taking. It is possible that the dosage may need to be modified.

What medical problems or conditions should I discuss with my healthcare provider?

Talk to your healthcare provider if:

- You are pregnant or if you become pregnant while taking COMBIVIR. Ask your doctor about enrolling you in the Antiretroviral Pregnancy Registry: 1-800-258-4263.
- You are breast-feeding. Mothers infected with HIV should not breast-feed their infants because HIV is present in breast milk.

Also talk to your doctor about:

- Problems with your blood counts.
- Problems with your muscles.
- Problems with your kidneys.
- Problems with your liver, especially if you have mild or moderate liver disease, such as hepatitis.

Can COMBIVIR be taken with other medications?

Yes. COMBIVIR can be taken with most other medications, including most anti-HIV drugs. Be sure to tell your doctor about all medications, over-the-counter or prescription, that you are taking.

What are the possible side effects of COMBIVIR?

Do not rely on this summary alone for information about side effects. Your healthcare provider can discuss with you a more complete list of side effects that may be relevant to you.

The safety of COMBIVIR is not expected to be different from the safety of EPIVIR and RETROVIR given separately.

In clinical studies of lamivudine plus zidovudine, side effects occurring in 5% or more of patients included: muscle and joint pain, headache, nausea, weakness and fatigue, nasal symptoms, cough, diarrhea, nausea and vomiting, neuropathy, trouble sleeping, fever or chills, loss of appetite, dizziness, abdominal pain or cramps, depression, skin rashes, and indigestion.

It's important to know that serious side effects can occur with COMBIVIR, such as a decrease in red and white blood cells and muscle damage. A buildup of lactic acid and an enlarged liver, including fatal cases, have been reported rarely with some HIV drugs, including nucleoside analogues.

For HIV-infected individuals, periodic blood tests are recommended. If certain changes occur in your laboratory results while you are taking COMBIVIR, particularly if you become anemic or if your white blood cell count falls too low, your medication may need to be adjusted; your doctor may prescribe EPIVIR plus RETROVIR separately in place of COMBIVIR.

Tell your doctor promptly about any side effects or other unusual symptoms you may experience. Although it may make you healthier, COMBIVIR does not cure HIV.

Safety Information

Make sure to see your doctor regularly, because serious side effects can occur, such as muscle damage and a decrease in red and white blood cells. A buildup of acid in the blood, and an enlarged liver, including fatal cases, have been seen. The most frequent side effects are headache, upset stomach, malaise or fatigue, and runny nose.

Other Information

This medication is prescribed for a particular condition. Do not use it for any other condition or give it to anybody else. Keep COMBIVIR and all medicines out of the reach of children.

Like most prescription drugs, lamivudine and zidovudine were required to be tested on animals before they were allowed for human use. In animal studies with doses much higher than those used in humans, zidovudine was associated with vaginal tumors. Your healthcare provider can tell you more about how drugs are tested on animals and what the results of these tests may mean about safety for you.

How should I store COMBIVIR Tablets?

COMBIVIR Tablets may be stored at room temperature and do not require refrigeration.

gsk GlaxoSmithKline

GlaxoSmithKline
Research Triangle Park, NC 27709

This provides a summary of information about COMBIVIR. If you have any questions or concerns about COMBIVIR or HIV, talk to your healthcare provider.

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9 THINGS TO DO TO BE A HEALTHY AFRICAN-AMERICAN

BE A CRITICAL THINKER and aware that in media (film, television, newspapers, magazines, etc.), public and private educational systems (schools) and some advertisements there are messages that may lead Black people to believe we are not as beautiful or as valuable as others.

Black parents talk with-not at-your children. Encourage their critical thinking capacity. Black children talk with-not at-your parents. Encourage their critical thinking capacity.

Exercise daily, drink plenty of water, and eat nutritious foods (fresh vegetables, low fat meats, minimal dairy products and sugar) during the week. Splurge, if you must, on weekends.

Be courageous, improve your life and seek wellness assistance. If you have food, sex, drama (fussing, fighting, violence) or substance use addictions, don't play yourself. Seek change.

If you are heterosexual, homosexual, bisexual and sexually active use protection (a fresh condom and water based lubricant). We live in the age of HIV, and for "us" it's growing. Yet it's 100% preventable.

If you already know you've been sexually active and unprotected – get a confidential HIV test and counseling.

Every time you pass a Brother or Sister in the street, even if they are homeless, speak. It won't cost you a thing.

Unlearn anti-Black thinking. Start with erasing the "N" word from your vocabulary. We are the descendants of enslaved Africans systematically turned against each other. We must actively counter this by affirming one another, even when doing so is a challenge.

If you are self-destructing -- overeating, oversexing, possibly depressed (listen up Brothers), or having a difficult time sustaining relationships, being a decent person or a good role model to children -- seek help. Doing so is a sign of strength, not weakness.

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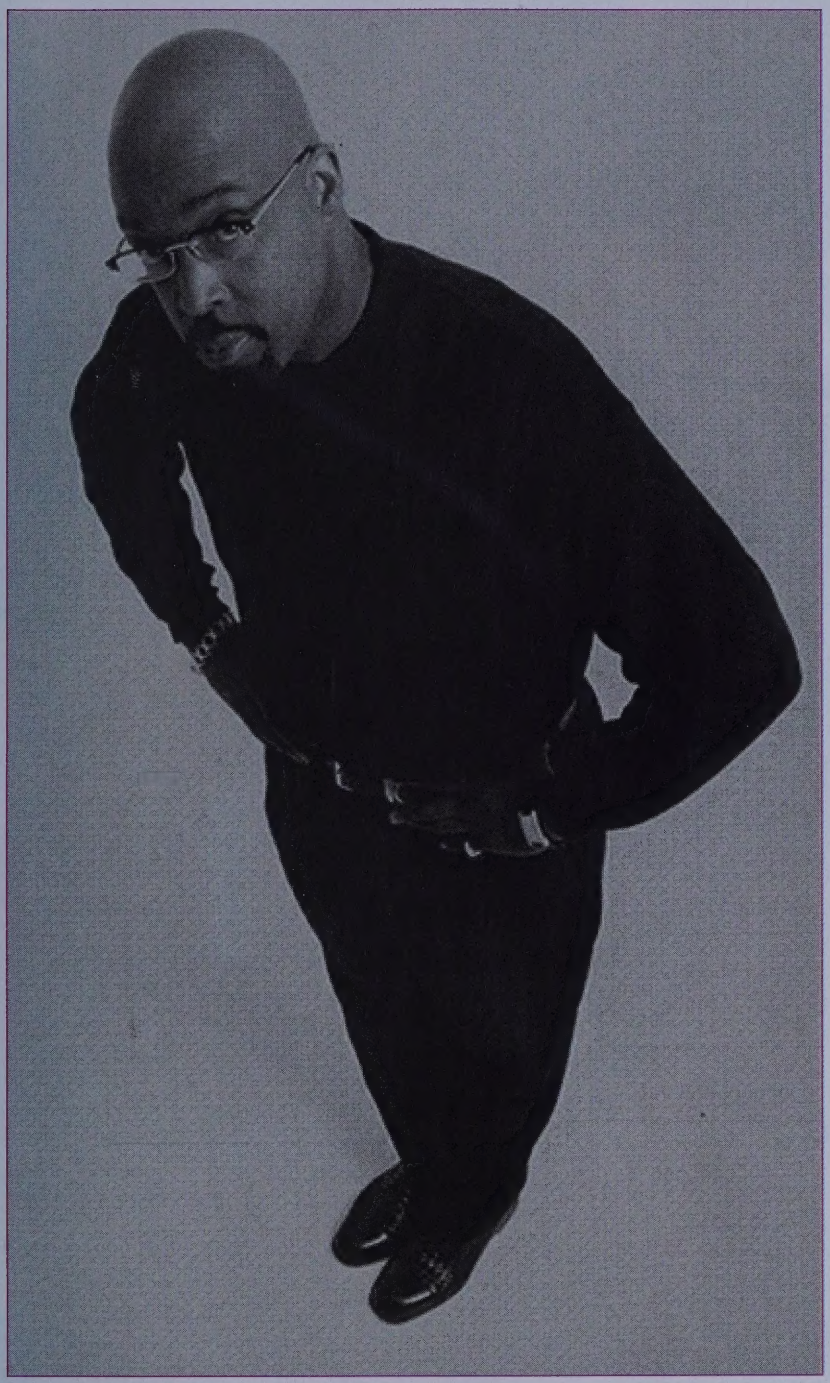

20 **View From a Bridge**
Thomas Glave's life is a bridge, first between the geographies and cultures of his Bronx birthplace and his family's Kingston, Jamaica homeland. His work bridges the divide between academia and creativity. His keynote address to "Fire and Ink," a LGBTQ African American writers' conference in Chicago last summer, bridged the generational gap left by the early deaths of many gifted gay Black writers, as he called their names and recalled their work, to inspire, motivate, and ennoble an audience of his peers.

22 **TLC on HIV**
The surviving ladies of supergroup TLC, long-time advocates of safe-sex and HIV/AIDS awareness, have launched a national education initiative to help people living with HIV/AIDS get valuable information and take control of their own care.

26 **J. L. The DL King**
King was green to public speaking then and to the world of conferences, where attendees often hear subtle variations of recycled themes from the year prior. In 2001, however, King not only created a buzz but also almost incited a riot. He was there to represent DL men. These men have sex with other men, are straight appearing, straight acting, and are usually in relationships with women.

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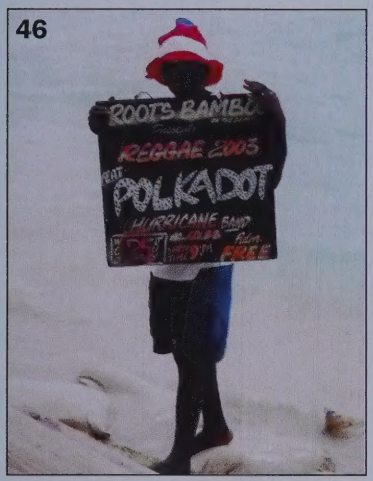

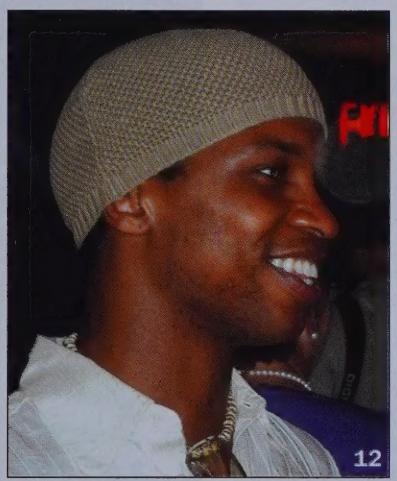

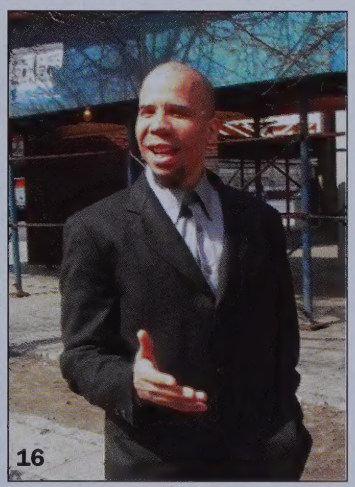

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A farewell to At The Beach Los Angeles Founder Duane Bremond. Bayard Rustin, A Civil Rights Trailblazer is responsible for organizing the historic March on Washington. This year marks the 40th anniversary of the march, page 50.

VENUS

Publisher/Editor-in-Chief CHARLENE COTHRAN
Assistant to Publisher Kevin Chamberlain

EDITORIAL

Copy Editor *C. E. Cothran*

Fashion Stylist *Jerry Jordan Brown*

Contributing Writers *Michael A. Adams, Al Cunningham, Sanford E. Gaylord, Khalid Kamau, Janice 'Jano' Lane, Michael K. Watts, Preston L. Shumaker*

Photography *Seb Janiak, Estate of Bayard Rustin,*

ADVERTISING & MARKETING

National Advertising Director *Charlene Cothran Higher Ground Marketing Group 609/695-4500*

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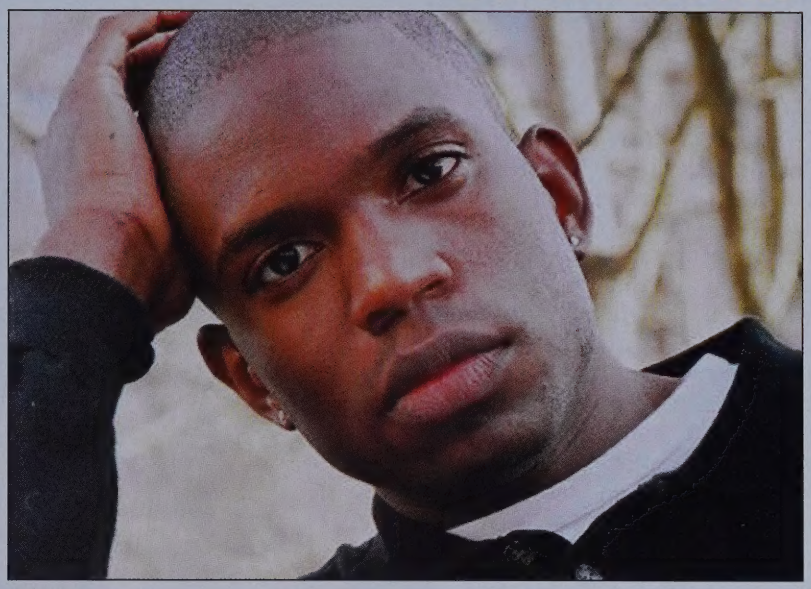
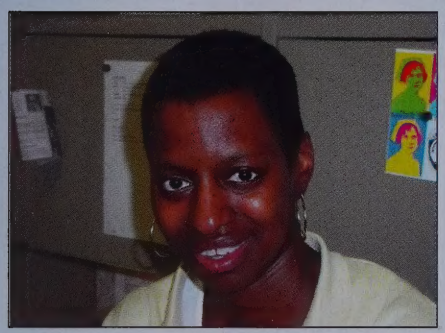
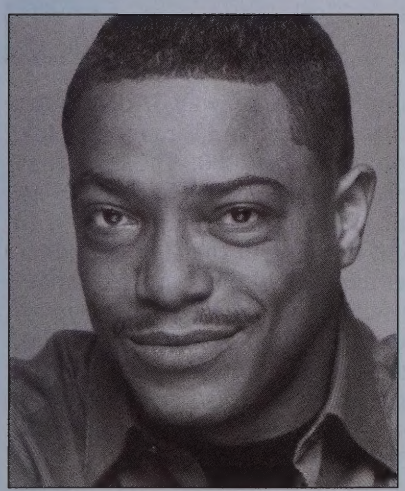
khalid kamau says "There is no road to true intimacy, we're all just stumbling around in the dark." In Bed with khalid (pg 34) is an open journal of his own intimate encounters. The writer/singer, who calls himself an "as-needed activist," has served on the board of Second Sunday of Atlanta and as Media Relations Director for ASSEFA, the group which brought national attention to recent anti-gay violence at Morehouse College.





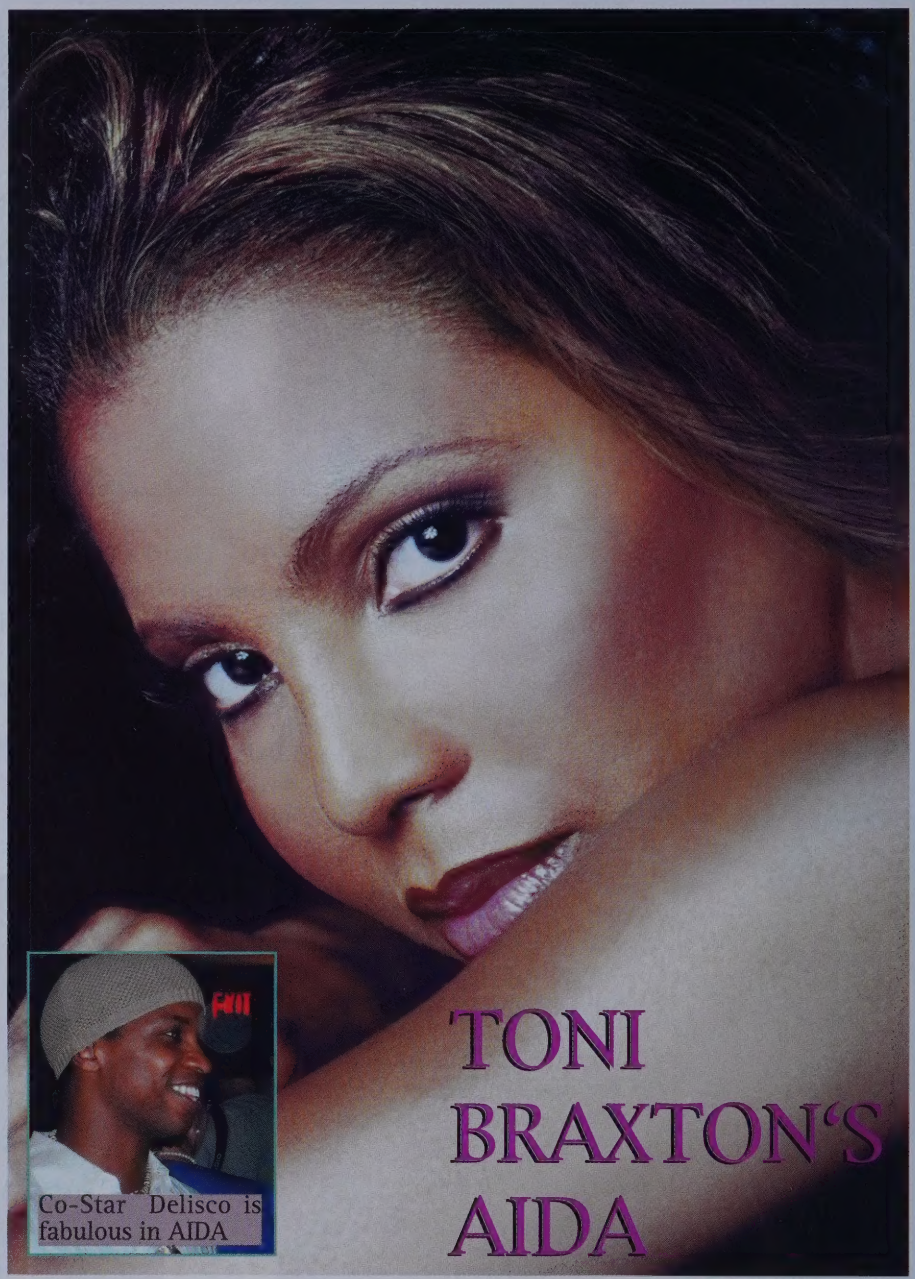
Janice "Jano" Lane a Chicago-based writer, has contributed to Windy City Press and BLACKlines, Chicago's gay and lesbian papers, for the past eleven years. Her work has also appeared in Lambda Book Report, Out Magazine, The Chicago Sun-Times and The Chicago Daily Defender. For VENUS, Janice gets the Down Low scoop from the 'DL' King himself, Mr. J. L. King, Page 26

Al Cunningham is a writer, multimedia producer, sexual health educator, and sexual diversity consultant in New Jersey. His current creative projects include scriptwriting and designing a website. In this issue he interviews author Thomas Glave on page 20.



Sanford E. Gaylord is an actor and writer based in Chicago, Illinois. He is a co-founding member and Production Manager of A Real Read, Chicago's African American LGBT Performance Ensemble. He was featured in the documentary Living with Pride: Ruth Ellis @ 100 and in the made-for-television pilot, Kevin's Room. Sanford starred in the Jeff-nominated (Best New Work) musical, Being Beautiful. He is a contributing writer for Windy City Media Group's BLACKLINES and Windy City Times periodicals. Sanford is the recipient of 2002 Derrick Henderson Award for Outstanding Community Service presented by Windy City Black LGBT Pride. He introduces the Black LGBT Archives Prject on page 16.

TONI BRAXTON'S AIDA



Co-Star Delisco is fabulous in AIDA

Toni Braxton has returned to Broadway in the title role of Elton John & Tim Rice's AIDA. The internationally acclaimed recording artist gave a stellar performance on opening night to a standing room only crowd at Broadway's Palace Theatre (1564 Broadway) last June. She is surprisingly a very good actress but it was no surprise that her vocal numbers were wonderful. Put this four month limited engagement on your MUST Do list.

AIDA tells the story of a love triangle between Aida, a Nubian princess forced into slavery, Amneris, an Egyptian princess, and Radames, the soldier they both love. "I am very excited to be coming back to Broadway as Aida," Braxton said. "Ever since I was a little girl, I have been a fan of Elton John's music and to be able to sing the wonderful score he wrote with Tim Rice will be a terrific challenge both as a singer and as an actress." Elton John said, "Toni Braxton has one of the best voices anywhere. It's a voice I've fallen in love with ever since her first album. I think she is going to be amazing as Aida."

This marks Braxton's second appearance both on Broadway and at the Palace Theatre. She previously played the role of Belle in Disney's Beauty and the Beast in 1998.

As she looks back on her first accomplishment-filled decade as a recording artist, performer, and multi-faceted entertainer, Toni Braxton could easily rest on her laurels. Rather, she is always looking for new challenges artistically, musically, and personally, building on the solid foundation that includes cumulative sales of close to forty million albums and singles worldwide and six Grammy Awards making her unquestionably one of the most successful female artists in contemporary music. Indeed, Toni's instantly-recognizable sultry vocal blend of gospel, R&B, jazz and pop has been captivating music buyers across the globe since 1992 when she became the first female artist to sign to then-newly formed LaFace Records.

AIDA is the winner of four 2000 Tony® Awards and is the only production that opened during the 1999-2000 theater season still running on Broadway. AIDA began performances at the Palace Theatre on February 25, 2000 and officially opened on March 23, 2000. The show celebrated its third anniversary this March. In addition to the Broadway production, AIDA can currently be seen in Amsterdam and touring throughout the U.S. New productions will open later this year in Germany and Japan.

The performance schedule for AIDA is as follows: Tuesday at 7 PM, Wednesday through Saturday at 8PM, with matinees on Wednesday and Saturday at 2PM, and Sundays at 3PM. Single tickets for AIDA are available at the Palace Theatre Box Office (1564 Broadway), through Ticketmaster at (212) 307-4747.

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KALETRA should not be taken if you have had an allergic reaction to KALETRA or any of its ingredients.

Pancreatitis and liver problems, which can be fatal, have been reported. Tell your doctor if you have or have had liver disease such as hepatitis. In patients taking protease inhibitors, increased bleeding (in patients with hemophilia) and diabetes/high blood sugar have occurred. Changes in body fat have been seen in some patients receiving antiretroviral therapy. Some patients receiving KALETRA have had large increases in triglycerides and cholesterol.

In clinical trials, the most commonly reported side effects of moderate or severe intensity were: abdominal pain, abnormal bowel movements, diarrhea, feeling weak or tired, headache, and nausea. This is not a complete list of reported side effects.

KALETRA oral solution contains alcohol.

KALETRA does not cure HIV infection or AIDS and does not reduce the risk of passing of HIV to others.

Please see adjacent page for Patient Information.

*Based on IMS HEALTH National Prescription Audit Plus for Protease Inhibitor Class. July 2002–January 2003

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Patient Information
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What is KALETRA and how does it work?

KALETRA is a combination of two medicines. They are lopinavir and ritonavir. KALETRA is a type of medicine called an HIV (human immunodeficiency virus) protease (PRO-tee-ase) inhibitor. KALETRA is always used in combination with other anti-HIV medicines to treat people with human immunodeficiency virus (HIV) infection. KALETRA is for adults and for children age 6 months and older.

HIV infection destroys CD_4 (T) cells, which are important to the immune system. After a large number of T cells are destroyed, acquired immune deficiency syndrome (AIDS) develops.

KALETRA blocks HIV protease, a chemical which is needed for HIV to multiply. KALETRA reduces the amount of HIV in your blood and increases the number of T cells. Reducing the amount of HIV in the blood reduces the chance of death or infections that happen when your immune system is weak (opportunistic infections).

Does KALETRA cure HIV or AIDS?

KALETRA does not cure HIV infection or AIDS. The long-term effects of KALETRA are not known at this time. People taking KALETRA may still get opportunistic infections or other conditions that happen with HIV infection. Some of these conditions are pneumonia, herpes virus infections, and *Mycobacterium avium* complex (MAC) infections.

Does KALETRA reduce the risk of passing HIV to others?

KALETRA does not reduce the risk of passing HIV to others through sexual contact or blood contamination. Continue to practice safe sex and do not use or share dirty needles.

How should I take KALETRA?

- You should stay under a doctor's care when taking KALETRA. Do not change your treatment or stop treatment without first talking with your doctor.
- You must take KALETRA every day exactly as your doctor prescribed it. The dose of KALETRA may be different for you than for other patients. Follow the directions from your doctor, exactly as written on the label.
- Dosing in adults (including children 12 years of age and older): The usual dose for adults is 3 capsules (400/100 mg) or 5.0 mL of the oral solution twice a day (morning and night), in combination with other anti-HIV medicines.
- Dosing in children from 6 months to 12 years of age: Children from 6 months to 12 years of age can also take KALETRA. The child's doctor will decide the right dose based on the child's weight.
- Take KALETRA with food to help it work better.
- Do not change your dose or stop taking KALETRA without first talking with your doctor.
- When your KALETRA supply starts to run low, get more from your doctor or pharmacy. This is very important because the amount of virus in your blood may increase if the medicine is stopped for even a short time. The virus may develop resistance to KALETRA and become harder to treat.
- Be sure to set up a schedule and follow it carefully.
- Only take medicine that has been prescribed specifically for you. Do not give KALETRA to others or take medicine prescribed for someone else.

What should I do if I miss a dose of KALETRA?

It is important that you do not miss any doses. If you miss a dose of KALETRA, take it as soon as possible and then take your next scheduled dose at its regular time. If it is almost time for your next dose, do not take the missed dose. Wait and take the next dose at the regular time. Do not double the next dose.

What happens if I take too much KALETRA?

If you suspect that you took more than the prescribed dose of this medicine, contact your local poison control center or emergency room immediately.

As with all prescription medicines, KALETRA should be kept out of the reach of young children. KALETRA liquid contains a large amount of alcohol. If a toddler or young child accidentally drinks more than the recommended dose of KALETRA, it could make him/her sick from too much alcohol. Contact your local poison control center or emergency room immediately if this happens.

Who should not take KALETRA?

Together with your doctor, you need to decide whether KALETRA is right for you.

- Do not take KALETRA if you are taking certain medicines. These could cause serious side effects that could cause death. Before you take KALETRA, you must tell your doctor about all the medicines you are taking or are planning to take. These include other prescription and non-prescription medicines and herbal supplements.

For more information about medicines you should not take with KALETRA, please read the section titled "MEDICINES YOU SHOULD NOT TAKE WITH KALETRA."

- Do not take KALETRA if you have an allergy to KALETRA or any of its ingredients, including ritonavir or lopinavir.

Can I take KALETRA with other medications?*

KALETRA may interact with other medicines, including those you take without a prescription. You must tell your doctor about all the medicines you are taking or planning to take before you take KALETRA.

MEDICINES YOU SHOULD NOT TAKE WITH KALETRA:

- Do not take the following medicines with KALETRA because they can cause serious problems or death if taken with KALETRA.
  - Dihydroergotamine, ergonovine, ergotamine and methylergonovine such as Cafergot®, Migranal®, D.H.E. 45®, Ergotrate Maleate, Methergine, and others
  - Halcion® (triazolam)
  - Hismanal® (astemizole)
  - Orap® (pimozide)
  - Propulsid® (cisapride)
  - Rythmol® (propafenone)
  - Seldane® (terfenadine)
  - Tambocor™ (flecainide)
  - Versed® (midazolam)
- Do not take KALETRA with rifampin, also known as Rimactane®, Rifadin®, Rifater®, or Rifamate®. Rifampin may lower the amount of KALETRA in your blood and make it less effective.
- Do not take KALETRA with St. John's wort (hypericum perforatum), an herbal product sold as a dietary supplement, or products containing St. John's wort. Talk with your doctor if you are taking or planning to take St. John's wort. Taking St. John's wort may decrease KALETRA levels and lead to increased viral load and possible resistance to KALETRA or cross-resistance to other anti-HIV medicines.
- Do not take KALETRA with the cholesterol-lowering medicines Mevacor® (lovastatin) or Zocor® (simvastatin) because of possible serious reactions. There is also an increased risk of drug interactions between KALETRA and Lipitor® (atorvastatin); talk to your doctor before you take any of these cholesterol-reducing medicines with KALETRA.

Medicines that require dosage adjustments:

It is possible that your doctor may need to increase or decrease the dose of other medicines when you are also taking KALETRA. Remember to tell your doctor all medicines you are taking or plan to take.

Before you take Viagra® (sildenafil) with KALETRA, talk to your doctor about problems these two medicines can cause when taken together. You may get increased side effects of VIAGRA, such as low blood pressure, vision changes, and penis erection lasting more than 4 hours. If an erection lasts longer than 4 hours, get medical help right away to avoid permanent damage to your penis. Your doctor can explain these symptoms to you.

- If you are taking oral contraceptives ("the pill") to prevent pregnancy, you should use an additional or different type of contraception since KALETRA may reduce the effectiveness of oral contraceptives.
- Efavirenz (Sustiva™) or nevirapine (Viramune®) may lower the amount of KALETRA in your blood. Your doctor may increase your dose of KALETRA if you are also taking efavirenz or nevirapine.
- If you are taking Mycobutin® (rifabutin), your doctor will lower the dose of Mycobutin.
- **A change in therapy should be considered if you are taking KALETRA with:**

Phenobarbital

Phenytoin (Dilantin® and others)

Carbamazepine (Tegretol® and others)

These medicines may lower the amount of KALETRA in your blood and make it less effective.

- **Other Special Considerations:**

  KALETRA oral solution contains alcohol. Talk with your doctor if you are taking or planning to take metronidazole or disulfiram. Severe nausea and vomiting can occur.

- If you are taking both didanosine (Videx®) and KALETRA:

  Didanosine (Videx®) should be taken one hour before or two hours after KALETRA.

What are the possible side effects of KALETRA?

- This list of side effects is not complete. If you have questions about side effects, ask your doctor, nurse, or pharmacist. You should report any new or continuing symptoms to your doctor right away. Your doctor may be able to help you manage these side effects.
- The most commonly reported side effects of moderate severity that are thought to be drug related are: abdominal pain, abnormal stools (bowel movements), diarrhea, feeling weak/tired, headache, and nausea. Children taking KALETRA may sometimes get a skin rash.
- Blood tests in patients taking KALETRA may show possible liver problems. People with liver disease such as Hepatitis B and Hepatitis C who take KALETRA may have worsening liver disease. Liver problems including death have occurred in patients taking KALETRA. In studies, it is unclear if KALETRA caused these liver problems because some patients had other illnesses or were taking other medicines.
- Some patients taking KALETRA can develop serious problems with their pancreas (pancreatitis), which may cause death. You have a higher chance of having pancreatitis if you have had it before. Tell your doctor if you have nausea, vomiting, or abdominal pain. These may be signs of pancreatitis.
- Some patients have large increases in triglycerides and cholesterol. The long-term chance of getting complications such as heart attacks or stroke due to increases in triglycerides and cholesterol caused by protease inhibitors is not known at this time.
- Diabetes and high blood sugar (hyperglycemia) occur in patients taking protease inhibitors such as KALETRA. Some patients had diabetes before starting protease inhibitors, others did not. Some patients need changes in their diabetes medicine. Others needed new diabetes medicine.
- Changes in body fat have been seen in some patients taking antiretroviral therapy. These changes may include increased amount of fat in the upper back and neck ("buffalo hump"), breast, and around the trunk. Loss of fat from the legs, arms and face may also happen. The cause and long term health effects of these conditions are not known at this time.
- Some patients with hemophilia have increased bleeding with protease inhibitors.
- There have been other side effects in patients taking KALETRA. However, these side effects may have been due to other medicines that patients were taking or to the illness itself. Some of these side effects can be serious.

What should I tell my doctor before taking KALETRA?

- *If you are pregnant or planning to become pregnant:* The effects of KALETRA on pregnant women or their unborn babies are not known.
- *If you are breast-feeding:* Do not breast-feed if you are taking KALETRA. You should not breast-feed if you have HIV. If you are a woman who has or will have a baby, talk with your doctor about the best way to feed your baby. You should be aware that if your baby does not already have HIV, there is a chance that HIV can be transmitted through breast-feeding.
- *If you have liver problems:* If you have liver problems or are infected with Hepatitis B or Hepatitis C, you should tell your doctor before taking KALETRA.
- *If you have diabetes:* Some people taking protease inhibitors develop new or more serious diabetes or high blood sugar. Tell your doctor if you have diabetes or an increase in thirst or frequent urination.
- *If you have hemophilia:* Patients taking KALETRA may have increased bleeding.

How do I store KALETRA?

- Keep KALETRA and all other medicines out of the reach of children.
- Refrigerated KALETRA capsules and oral solution remain stable until the expiration date printed on the label. If stored at room temperature up to 77°F (25°C), KALETRA capsules and oral solution should be used within 2 months.
- Avoid exposure to excessive heat.

Do not keep medicine that is out of date or that you no longer need. Be sure that if you throw any medicine away, it is out of the reach of children.

General advice about prescription medicines:

Talk to your doctor or other health care provider if you have any questions about this medicine or your condition. Medicines are sometimes prescribed for purposes other than those listed in a Patient Information Leaflet. If you have any concerns about this medicine, ask your doctor. Your doctor or pharmacist can give you information about this medicine that was written for health care professionals. Do not use this medicine for a condition for which it was not prescribed. Do not share this medicine with other people.

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Madre's

by Michael Andre Adams

J-Lo makes her presence known in Pasadena, Cal. with Madre's, a celebration of the cultural inspiration she receives from her 90-years old-Puerto Rican grandmother.

Since the grand opening in April, Kobe Bryant, vivacious Vivica Fox, Jay Leno and others all give it the thumbs up.

Come sexy but not sleazy because jeans, shorts or other tacky attire are not allowed. In fact, the request is semi formal, a style most Californian's find challenging.

Before you even think food, order a Mjito. Sweet, minty and delicious is this cultural delight. It'll loosen you up once you've been seated.

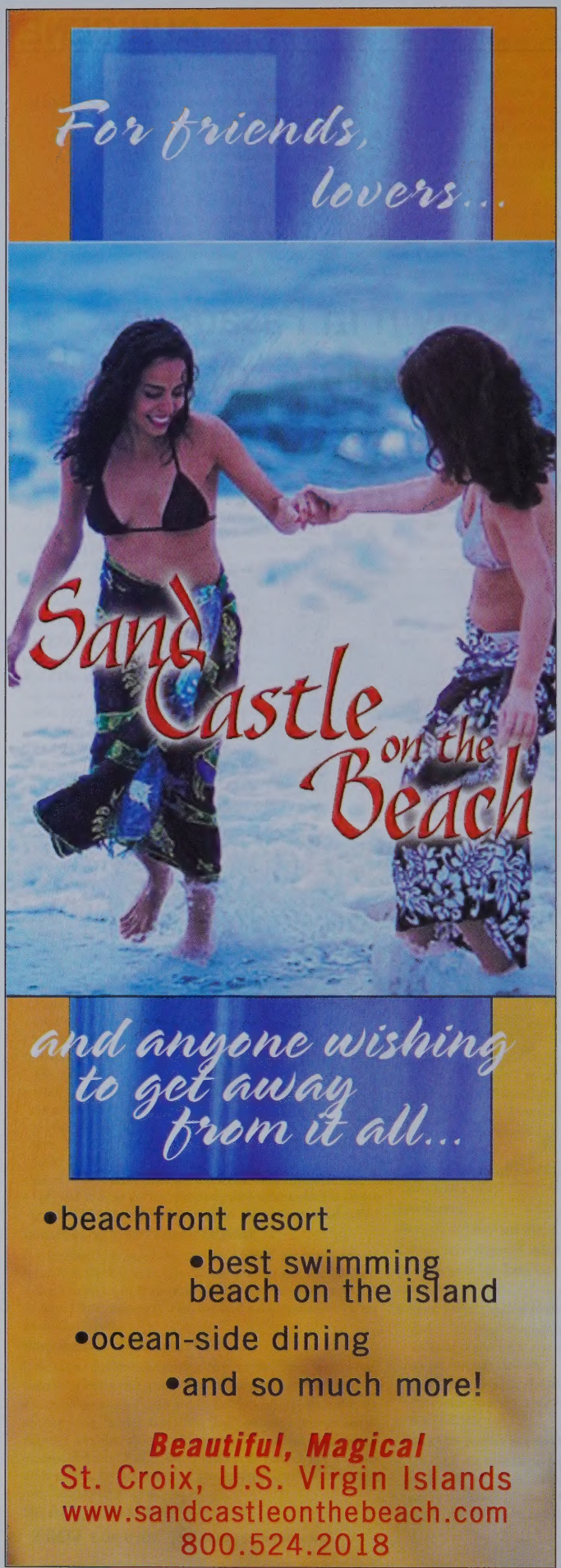
The tamales are light and extremely flavorful. The empanadas are flaky and oh so savory. Tostones Rellenos De Cangrejo are plantains stuffed with crabmeat, coked in wine, tomatoes, garlic and Cuban spices.

As for entrees, I had to tell my grandmother about the ox-tails: savory and tender! Langosta Rellena is lobster filled with marinated seafood in a hearty sauce.

getting there:
Madre's is located at 897 Granite Drive, Pasadena, CA., 626/744-0900. Appetizers range from $5-11, soups and salads $5-14, entrees on the menu up to $25, with deserts at $6.

For desert, the Flan was the best I've ever tried. Unlike many others, it was smooth, absent of the rubbery texture I've come to experience far too often. Be sure and ask for the Monte Cristo. Although not always on the menu, this awesome éclair type desert is definitely worth the calories.

Check out www.travelinginmywrld.com for a special gift on your next visit. And by all means, tell GM-Wassim Boustani I said hello.



The Black Gay & Lesbian Archive Project

by Sanford E. Gaylord

As long as humankind has been on the planet earth, from the time that primitive drawings were part of life, to the tradition of oral histories that are still being practiced today in some cultures, humankind has always sought to retell the stories of their lives or experiences before one or more persons. As we have evolved throughout the past millenniums, we have been able to use literature, theatre, radio, film, television, and the Internet to tell those stories or create stories of other human beings as a source of affirmation, education, and entertainment.

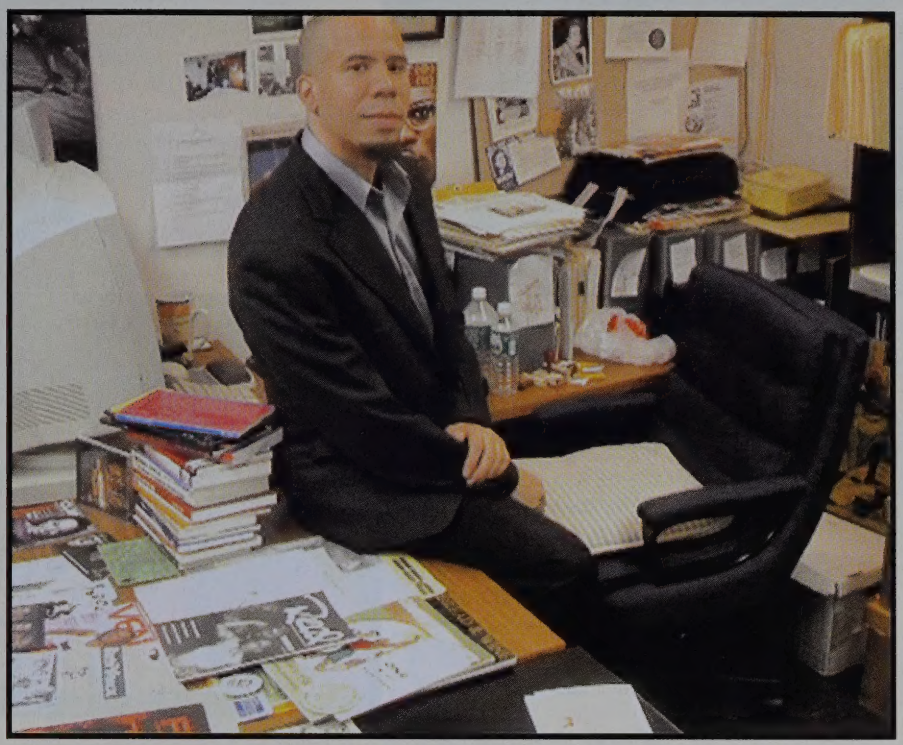
The twentieth century has had some of the greatest milestones in the history of humankind. Throughout the history of literature and other means of communication, many people thought to question the validity, even the very existence of Gay Culture or Gay sensibilities. Many choose to overlook or ignore the contributions of Gay culture because we live in a culture that raises us to be heterosexual, which may not always achieve the desired result

United States society is bombarded with daily reminders of heterosexual life with the use of mass media devices. We are shown and instructed in some cases, the most intimate interactions between consenting adults, to the basic interactions of parents and the way they choose to raise their children.

In the not so distant past, Gay society was characterized by isolation, self-hatred, and subterfuge. I believe that it is the closeted underground living, which produces a subculture. When the Gay subculture has been presented in the past, when it was there at all, it was usually a heterosexual distorted view. The roles were frivolous fairies, psychotic bull dykes or some suicidal man or woman. Having non-stereotypical representations of Gay culture and society grace the pages of books or the stage and reach mainstream society has been long in the making. We can always look at the past as an example and lesson on how we should lay the foundation for the future.

As long as there have been writers and playwrights, LGBT people have either contributed

The Black homosexual is hard pressed to gain an audience among his heterosexual brothers; even if he is more talented, he is inhibited by his silence or his admissions. This is what the race has depended on in being able to erase homosexuality from our recorded history. The "chosen" history. But these sacred constructions of silence are futile exercises in denial. We will not go away with our issues of sexuality. We are coming home. – From *Loyalty* by Essex Hemphill



"I feel, as a community, we must consciously put our records down and take the preservation of our legacy one step further."

(sometimes closeted) directly or behind the scenes. Just as in mainstream US society, there is noted behavior that questions the validity of Gay Culture, the efforts of people of African decent are also questioned and in some cases have been erased from mainstream society. Within the culture of people of African decent, there are those that identify as LGBT or Same-Gender-Loving (SGL) and if you were to try and research information about writers, actors or activists and the contribution to US society as a whole what you will find may vary due to location be it urban or rural.

In 1999, Steven G. Fullwood, Manuscripts Librarian at the Schomburg Center for Research in Black Culture at New York Public Library was researching a grant to process the records of the community-based organization Gay Men of African Decent (GMAD). "I was sadly disappointed at the lack of representation on black non-heterosexual culture. Sure there were books. There were even a few manuscript collections but overall the documentation was scarce and extremely limited by format," said Fullwood.

This event was the catalyst for Fullwood. He founded the Black Gay and Lesbian Achieve (BGLA) in 2000, a project designed to facilitate the preservation of black gay and lesbian history. "I feel, as a community, we must consciously put our records down and take the preservation of our legacy one step further," said Fullwood.

There are two phases to the BGLA. The first phase, already executed, is the gathering of materials, which includes non-fiction, biographies, and novels (including erotica). Dramatic works, poetry, plays; posters and ephemera are also sought for the archive. In addition to ephemera including flyers, palm cards, and broadsides produced in the US and other countries in our global community. Fullwood is also collecting photographs, prints, moving images and recorded sound consisting of film, audio, and videotape materials.

The BGLA, while in its collecting phase, will be seeking works by and about SGL/LGBT people of African decent until the year 2005. Phase two of the project is to place materials in one or more reputable repositories for the expressed purpose of preservation and access to the pub-

Gregory D. Victorianne, *creator of* Buti Voxx, *made a significant contribution of books, broadsides, flyers, magazines, and newsletters.* **Firebrand Books** *donated publications by Shay Youngblood, Cheryl Clarke, and Pat Parker.* **Alan Bell**, *editor of* KujiSource *donated an entire run of* BLK, *along with copies of* Blackfire, Black Lace, *and* Kumba.

Cornelius Moore, *Director of African Cinema at California Newsreel, contributed copies of* MOJA, *the first black gay and lesbian-oriented newspaper, and Marlon Riggs's last film* Black Is Black Ain't.

London-based photographer and activist **Ajamu** *has donated his photographs and his own archive project,* Ruckes!, *a black queer arts organization.* **Dirg Aab Richards**, *poet and activist donated copies of* The Voice, *Great Britain's Black newspaper.*

lic for research. "The Schomburg Center for Research in Black Culture has agreed to house the archive. I am in communication with other repositories to develop similar initiatives," Fullwood said.

"I can actually say that the achive started before I knew it did. I recall as a kid reading *Go Tell It On the Mountain* and I remember the scene where the main character, Gabriel, was wrestling with an older boy in church. Gabriel was clearly smitten with the older boy and it struck me as a very important moment in my life. I collected James Baldwin's works and by the 1980's, there were plenty of writers producing works. I was curious about what my life was supposed to be about as a man who intimately and sexually loved other men, and there were literally no records of our culture in the libraries and bookstores until writers like Audre Lorde, Essex Hemphill, and Joseph Beam came along," Fullwood said.

When the BLGA commenced, Fullwood expressed that among the first to make a donation was writer Jewelle Gomez, who may be know best for her science fiction novel, *The Gilda Stories*, made a donation of all of her books, essays, articles and photographs. Gregory D. Victorianne, creator of *Buti Voxx*, made a significant contribution of books, broadsides, flyers, magazines, and newsletters. Firebrand Books donated publications by Shay Youngblood, Cheryl Clarke, and Pat Parker. Alan Bell, editor of *KujiSource* donated an entire run of *BLK*, along with copies of *Blackfire*, *Black Lace*, and *Kumba*. Cornelius Moore, Director of African Cinema at California Newsreel, contributed copies of *MOJA*, the first black gay and lesbian-oriented newspaper, and Marlon Riggs's last film *Black Is Black Ain't*. Lisa C. Moore, founder of Red Bone Press contributed copies of *Does Your Mama Know: An Anthology of Black Lesbian Coming Out Stories*, and *The Bull Jean Stories* by Sharon Bridgeforth. Thomas Glave, author of the short story collection *Whose Song and Other Stories* donated copies of his book and other materials. Charlene Cothran, editor-in-chief and publisher of *Venus Magazine*, and activist Anthony Hardaway both made contributions consisting of books, broadsides, flyers, journals, magazines, and programs.

> "The Archive will provide worldwide access to a comprehensive collection of information about black LGBT/SGL Queer life through various media. Scholars and casual researchers will be able to construct long overdue histories about the black LGBT/SGL community for academic and personal use."

London-based photographer and activist Ajamu has donated his photographs and his own archive project, *Ruckes!*, a black queer arts organization. Dirg Aab Richards, poet and activist donated copies of *The Voice*, Great Britain's Black newspaper and *Capital Gay* which contained articles about his organization's fight to combat homophobia in the UK. Files for organizations, articles, and

various events concerning LGBT/SGL people native to Nigeria and South Africa are also included in the BLGA.

The BGLA's main objective is threefold. "The archive will provide worldwide access to a comprehensive collection of information about black LGBT/SGL Queer life through various media. Scholars and casual researchers will be able to construct long overdue histories about the black LGBT/SGL community for academic and personal use," Fullwood said.

Collecting, reviewing, and cataloging materials donated is a full time job for Fullwood along with promoting the BLGA. "People are donating materials, volunteering their time to build the collection by working to compile contact list's, helping to locate grant monies and generally being extremely supportive," said Fullwood.

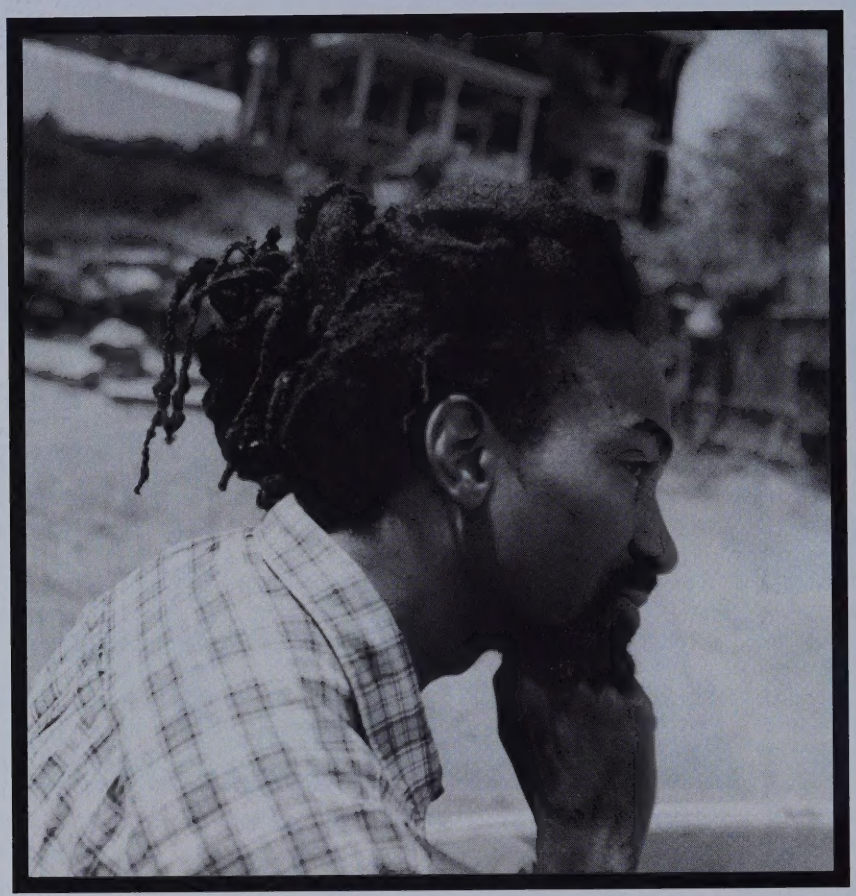
The twentieth century has had some of the greatest milestones in the history of humankind. Throughout the history of literature and other means of communication, many people thought to question the validity, even the very existence of Gay Culture. Its up to all of us to illuminate what could be a bumpy road for our youth, our brotha's and sistah's; our children. We need to lay the foundation for those that follow us.

If you would like more information about the Black Gay and Lesbian Archive Project or wish to contribute, please contact Steven G. Fullwood at 12 West 130th Street #3, New York, New York, 10037, the Schomburg Center for Research in Black Culture at 212-491-2224 or e-mail him at bglanyc@yahoo.com

I speak for thousands; perhaps hundreds of thousands of men who live and die in the shadows of secrets, unable to speak of the love that helps them endure and contribute to the race.
–From *Loyalty* by Essex Hemphill

THOMAS GLAVE:
VIEWS FROM THE BRIDGE

words by Al Cunningham



"When we regard the history through which we've moved, with all of our identities in tact, we see some things that I think can be very useful to us in the present day, to reflect upon, and to remake in our own form, and then leave something for people who will come after us."

Thomas Glave's life is a bridge, first between the geographies and cultures of his Bronx birthplace and his family's Kingston, Jamaica homeland. His work bridges the divide between academia and creativity. His keynote address to "Fire and Ink," a LGBTQ African American writers' conference in Chicago last summer, bridged the generational gap left by the early deaths of many gifted gay Black writers, as he called their names and recalled their work, to inspire, motivate, and ennoble an audience of his peers.

Although still a young man in his 30s, Glave's professional and activist experiences also form substantial bridges between the disciplines he has studied and the issues he has championed. Fresh out of college, he volunteered with the men of color HIV/AIDS program at Gay Men's Health Crisis in New York, and later at the Minority Task Force on AIDS in Harlem. He cites other creative professionals who also became HIV/AIDS activists, such as George Bellinger Jr. and the late Craig Harris, among his mentors.

In 1998, he helped establish the Jamaica Forum on Lesbians, All-Sexuals, and Gays, or JFLAG, work that put him at personal risk in a country known for its sexual prejudice. This academic year, he is on leave from his teaching duties in English and Africana Studies at the State University of New York at Binghamton, working on a novel, and editing an anthology of contemporary Caribbean "lgbt/queer" writing. His first book, *Whose Song? And other Stories*, an anthology of his own short stories, was published in 2000 by City Lights.

"I grew up reading all sorts of books, and come from a family of journalists in Jamaica," Glave said in a recent conversation upon his return from a trip to Kingston. "I do like to teach. I really love to teach literature, because I find that I'm engaged with books and thinking in a way that really make my language and my mind work in a way that I like. At this point I very much like the idea of teaching in a state university in particular. First of all, I get to work with graduate students, and there's a lot of research going on. Also, I reach a lot of working class, poor, and middle classed kids, not only privileged students, as I would have, say, in an 'Ivy League' university, or a private school.

"Having to do that keynote (at 'Fire and Ink')," Glave said, "really forced me to bring together some thoughts I've been having for a long time, in one place. I realize now that I had been thinking about the idea of a so-called 'moral imagination,' and how that might mean something, what that might mean to Black homo-people. I felt that this was a pressing concern for a lot of us, just because of the work that has already been done, the work of people like Audre Lorde, Essex Hemphill, James Baldwin, Pat Parker, and many, many others – some of whom I mentioned in the talk.

"Those people have all engaged with a moral imagination, and so to me it seemed entirely appropriate to try to connect us in the present day, as people aware of our history, to the history that those people had moved through, and had made themselves. And the history that they had inherited from the people who came before them, in this chain all the way back to our origins in this hemisphere, and our origins on the African continent. I was able to bring all of them together in one place.

"I very much like the idea of teaching in a state university in particular. I reach a lot of working class, poor, and middle classed kids, not only privileged students, as I would have, say, in an 'Ivy League' university, or a private school."

"I was particularly interested in the idea of history because one thing that we definitely know, as we see right now with what's happening in this country (regarding war with Iraq) is that we can really never escape history. I think as writers in particular, as Black people, and as people who are not heterosexual in particular, we can't take anything for granted. When we regard the history through which we've moved, with all of our identities in tact, we see some things that I think can be very useful to us in the present day, to reflect upon, and to remake in our own form, and then leave something for people who will come after us."

The text of Thomas Glave's keynote address may be accessed on the web at www.blacklightonline.com/keynote.html; a transcript of his remarks also appears in a recent issue of the Lambda Book Report, available by contacting the Lambda Literary Foundation at www.lambdalit.org, calling 202/682-0952, or writing P.O. Box 73910, Washington, DC 20056-3910.

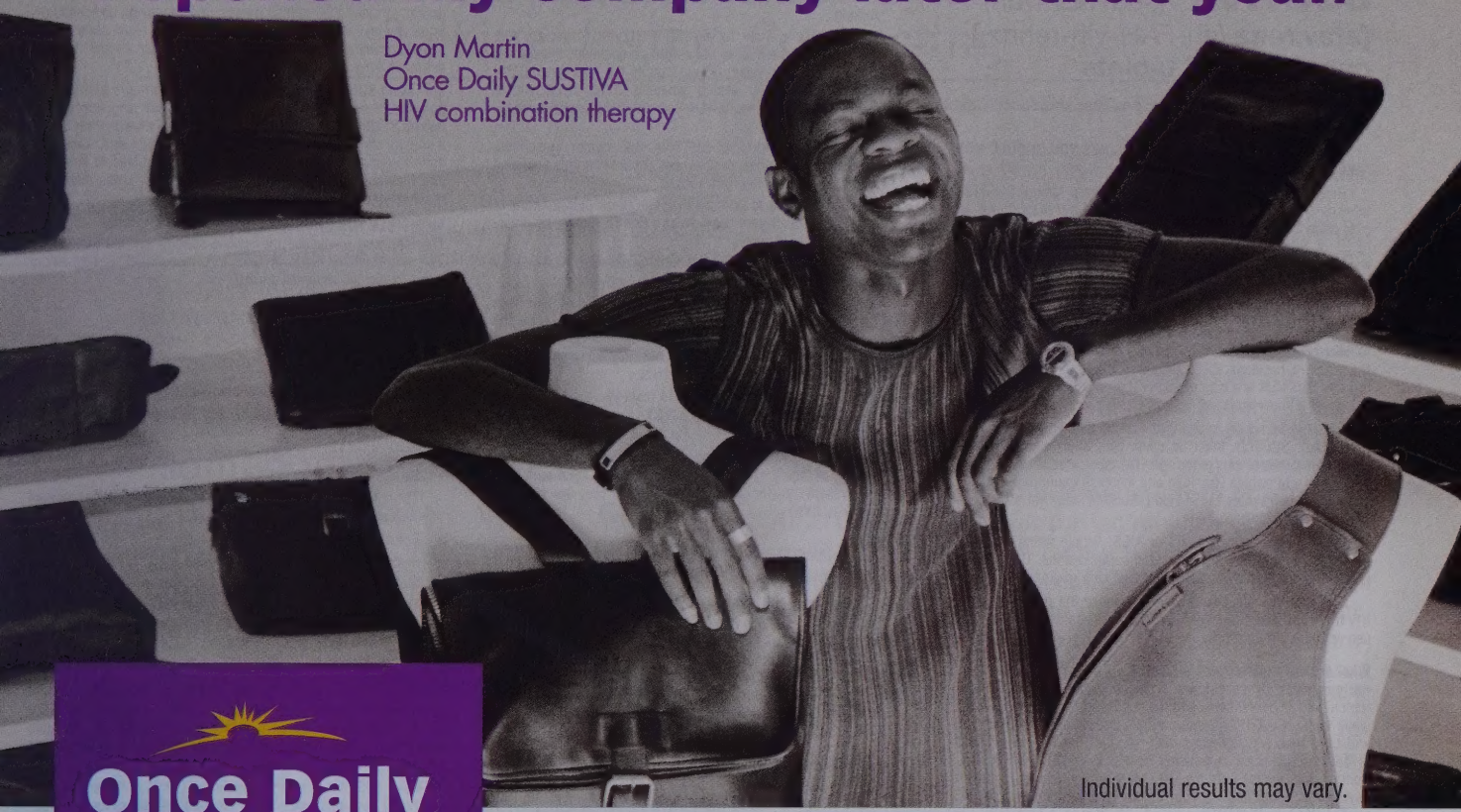
TLC Jumpstarts HIV Dialogue

Words by Michael K. Watts
Images by Seb Janiak

The surviving ladies of supergroup TLC, longtime advocates of safe-sex and HIV/AIDS awareness, have launched a national education initiative to help people living with HIV/AIDS get valuable information and take control of their own care. Dialogues: Education and Treatment for a Well Planned Future provides free information on everything from choosing a healthcare provider and when to begin HIV treatments to managing common side effects like vomiting and diarrhea. While many people living with HIV/AIDS may be too afraid or embarrassed to seek necessary healthcare, this new initiative is designed to open the lines of communication and get people talking--and surviving.

Rozonda "Chilli" Thomas and Tionne "T-Boz" Watkins of TLC believe that knowledge is power, and they want more people, especially people of color, to start asking questions and getting the information that

"I started Sustiva in '98. I opened my company later that year."



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Helping you control HIV today. Helping you look forward to tomorrow.

SUSTIVA (efavirenz) in combination with other antiretroviral agents is indicated for the treatment of HIV-1 infection.

Safety Information: Many patients have dizziness, trouble sleeping, drowsiness, trouble concentrating, and/or unusual dreams. These feelings tend to go away after taking the medication for a few weeks. A small number of patients have reported severe depression, strange thoughts, or angry behavior. There have been a few reports of suicide but SUSTIVA has not been established as the cause. One of the most common side effects is rash which is usually mild and goes away in a few weeks. SUSTIVA should not be taken with Hismanal® (astemizole), Propulsid® (cisapride), Versed® (midazolam), Halcion® (triazolam), or ergot derivatives. Tell your doctor about any medications or herbal products (particularly St. John's wort) that you are taking. Women should not become pregnant or breast-feed while taking SUSTIVA.

Changes in body fat have been seen in some patients taking antiretroviral therapy. The cause and long-term effects are not known at this time.

SUSTIVA does not cure HIV or prevent passing HIV to others.

It is recommended that SUSTIVA be taken on an empty stomach, preferably at bedtime. The increased efavirenz concentrations observed following administration of SUSTIVA with food may lead to an increase in frequency of adverse events. Dosing at bedtime may improve the tolerability of nervous system symptoms.

Visit www.sustiva.com

ONE Tablet
Once Daily
SUSTIVA®
(efavirenz)

BMS Virology™
Bristol-Myers Squibb Company

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Please see reference and important information about SUSTIVA on the next page.

Ask your doctor if Once Daily SUSTIVA is right for you.

℞ ONLY

PATIENT INFORMATION

SUSTIVA® (sus-TEE-vah) [efavirenz (eh-FAH-vih-rehnz)] capsules and tablets

ALERT: Find out about medicines that should NOT be taken with SUSTIVA.

Please also read the section **"MEDICINES YOU SHOULD NOT TAKE WITH SUSTIVA."**

Read this information before you start taking SUSTIVA (efavirenz). Read it again each time you refill your prescription, in case there is any new information. This leaflet provides a summary about SUSTIVA and does not include everything there is to know about your medicine. This information is not meant to take the place of talking with your doctor.

What is SUSTIVA?
SUSTIVA is a medicine used in combination with other medicines to help treat infection with Human Immunodeficiency Virus (HIV), the virus that causes AIDS (acquired immune deficiency syndrome). SUSTIVA is a type of anti-HIV drug called a "non-nucleoside reverse transcriptase inhibitor" (NNRTI).

SUSTIVA works by lowering the amount of HIV in the blood (viral load). SUSTIVA must be taken with other anti-HIV medicines. When taken with other anti-HIV medicines, SUSTIVA has been shown to reduce viral load and increase the number of CD4 cells, a type of immune cell in blood. SUSTIVA may not have these effects in every patient.

SUSTIVA does not cure HIV or AIDS. People taking SUSTIVA may still develop other infections and complications. Therefore, it is very important that you stay under the care of your doctor.

SUSTIVA has not been shown to reduce the risk of passing HIV to others. Therefore, continue to practice safe sex, and do not use or share dirty needles.

What are the possible side effects of SUSTIVA?
Serious psychiatric problems. A small number of patients experience severe depression, strange thoughts, or angry behavior while taking SUSTIVA. Some patients have thoughts of suicide and a few have actually committed suicide. These problems tend to occur more often in patients who have had mental illness. Contact your doctor right away if you think you are having these psychiatric symptoms, so your doctor can decide if you should continue to take SUSTIVA.

Common side effects. Many patients have dizziness, trouble sleeping, drowsiness, trouble concentrating, and/or unusual dreams during treatment with SUSTIVA. These side effects may be reduced if you take SUSTIVA at bedtime on an empty stomach. They also tend to go away after you have taken the medicine for a few weeks. If you have these common side effects, such as dizziness, it does not mean that you will also have serious psychiatric problems, such as severe depression, strange thoughts, or angry behavior. Tell your doctor right away if any of these side effects continue or if they bother you. It is possible that these symptoms may be more severe if SUSTIVA is used with alcohol or mood altering (street) drugs.

If you are dizzy, have trouble concentrating, or are drowsy, avoid activities that may be dangerous, such as driving or operating machinery.

Rash is common. Rashes usually go away without any change in treatment. In a small number of patients, rash may be serious. If you develop a rash, call your doctor right away. **Rash may be a serious problem in some children.** Tell your child's doctor right away if you notice rash or any other side effects while your child is taking SUSTIVA.

Other common side effects include tiredness, upset stomach, vomiting, and diarrhea.

Changes in body fat. Changes in body fat develop in some patients taking anti-HIV medicine. These changes may include an increased amount of fat in the upper back and neck ("buffalo hump"), in the breasts, and around the trunk. Loss of fat from the legs, arms, and face may also happen. The cause and long-term health effects of these fat changes are not known.

Tell your doctor or healthcare provider if you notice any side effects while taking SUSTIVA.

Contact your doctor before stopping SUSTIVA because of side effects or for any other reason.

This is not a complete list of side effects possible with SUSTIVA. Ask your doctor or pharmacist for a more complete list of side effects of SUSTIVA and all the medicines you will take.

How should I take SUSTIVA (efavirenz)?
General Information
- You should take SUSTIVA on an empty stomach, preferably at bedtime.
- Swallow SUSTIVA with water.
- Taking SUSTIVA (efavirenz) with food increases the amount of medicine in your body, which may increase the frequency of side effects.
- Taking SUSTIVA at bedtime may make some side effects less bothersome.
- SUSTIVA must be taken in combination with other anti-HIV medicines. If you take only SUSTIVA, the medicine may stop working.
- Do not miss a dose of SUSTIVA. If you forget to take SUSTIVA, take the missed dose right away, unless it is almost time for your next dose. Do not double the next dose. Carry on with your regular dosing schedule. If you need help in planning the best times to take your medicine, ask your doctor or pharmacist.
- Take the exact amount of SUSTIVA your doctor prescribes. Never change the dose on your own. Do not stop this medicine unless your doctor tells you to stop.
- If you believe you took more than the prescribed amount of SUSTIVA, contact your local Poison Control Center or emergency room right away.
- Tell your doctor if you start any new medicine or change how you take old ones. Your doses may need adjustment.
- When your SUSTIVA supply starts to run low, get more from your doctor or pharmacy. This is very important because the amount of virus in your blood may increase if the medicine is stopped for even a short time. The virus may develop resistance to SUSTIVA and become harder to treat.
- Your doctor may want to do blood tests to check for certain side effects while you take SUSTIVA.

Capsules
- The dose of SUSTIVA capsules for adults is 600 mg (three 200 mg capsules, taken together) once a day by mouth. The dose of SUSTIVA for children may be lower (see **Can children take SUSTIVA?**).

Tablets
- The dose of SUSTIVA tablets for adults is 600 mg (one tablet) once a day by mouth.

Can children take SUSTIVA?
Yes, children who are able to swallow capsules can take SUSTIVA. Rash may be a serious problem in some children. Tell your child's doctor right away if you notice rash or any other side effects while your child is taking SUSTIVA. The dose of SUSTIVA for children may be lower than the dose for adults. Capsules containing lower doses of SUSTIVA are available. Your child's doctor will determine the right dose based on your child's weight.

Who should not take SUSTIVA?
Do not take SUSTIVA if you are allergic to the active ingredient, efavirenz, or to any of the inactive ingredients. Your doctor and pharmacist have a list of the inactive ingredients.

What should I avoid while taking SUSTIVA?
- **Women taking SUSTIVA should not become pregnant.** Serious birth defects have been seen in animals treated with SUSTIVA. It is not known whether this could happen in humans. **Tell your doctor right away if you are pregnant.** Also talk with your doctor if you want to become pregnant.
- Women should not rely only on hormone-based birth control, such as pills, injections, or implants, because SUSTIVA may make these contraceptives ineffective. Women must use a reliable form of barrier contraception, such as a condom or diaphragm, even if they also use other methods of birth control.
- **Do not breast-feed if you are taking SUSTIVA.** The Centers for Disease Control and Prevention recommend that mothers with HIV not breast-feed because they can pass the HIV through their milk to the baby. Also, SUSTIVA may pass through breast milk and cause serious harm to the baby. Talk with your doctor if you are breast-feeding. You may need to stop breast-feeding or use a different medicine.
- Taking SUSTIVA with alcohol or other medicines causing similar side effects as SUSTIVA, such as drowsiness, may increase those side effects.
- Do not take any other medicines without checking with your doctor. These medicines include prescription and nonprescription medicines and herbal products, especially St. John's wort.

Before using SUSTIVA, tell your doctor if you
- **have problems with your liver or have hepatitis.** Your doctor may want to do tests to check your liver while you take SUSTIVA.
- **have ever had mental illness or are using drugs or alcohol.**
- **have ever had seizures or are taking medicine for seizures** [for example, Dilantin® (phenytoin), Tegretol® (carbamazepine), or phenobarbital]. Your doctor may want to check drug levels in your blood from time to time.

What important information should I know about taking other medicines with SUSTIVA?
SUSTIVA may change the effect of other medicines, including ones for HIV, and cause serious side effects. Your doctor may change your other medicines or change their doses. Other medicines, including herbal products, may affect SUSTIVA. For this reason, **it is very important to:**
- let all your doctors and pharmacists know that you take SUSTIVA (efavirenz).
- tell your doctors and pharmacists about all medicines you take. This includes those you buy over-the-counter and herbal or natural remedies.

Bring all your prescription and nonprescription medicines as well as any herbal remedies that you are taking when you see a doctor, or make a list of their names, how much you take, and how often you take them. This will give your doctor a complete picture of the medicines you use. Then he or she can decide the best approach for your situation.

Taking SUSTIVA with St. John's wort *(hypericum perforatum)*, an herbal product sold as a dietary supplement, or products containing St. John's wort is not recommended. Talk with your doctor if you are taking or are planning to take St. John's wort. Taking St. John's wort may decrease SUSTIVA levels and lead to increased viral load and possible resistance to SUSTIVA or cross-resistance to other anti-HIV drugs.

MEDICINES YOU SHOULD NOT TAKE WITH SUSTIVA
The following medicines may cause serious and life-threatening side effects when taken with SUSTIVA. You should not take any of these medicines while taking SUSTIVA:
- Hismanal® (astemizole)
- Propulsid® (cisapride)
- Versed® (midazolam)
- Halcion® (triazolam)
- Ergot medications (for example, Wigraine® and Cafergot®)

The following medicines may need to be replaced with another medicine when taken with SUSTIVA:
- Fortovase®, Invirase® (saquinavir)
- Biaxin® (clarithromycin)

The following medicines may need to have their dose changed when taken with SUSTIVA:
- Crixivan® (indinavir)
- Mycobutin® (rifabutin)
- Methadone

These are not all the medicines that may cause problems if you take SUSTIVA. Be sure to tell your doctor about all medicines that you take.

General advice about SUSTIVA:
Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. Do not use SUSTIVA for a condition for which it was not prescribed. Do not give SUSTIVA to other people, even if they have the same symptoms you have. It may harm them.

Keep SUSTIVA at room temperature (77°F) in the bottle given to you by your pharmacist. The temperature can range from 59° to 86°F.

Keep SUSTIVA out of the reach of children.

This leaflet summarizes the most important information about SUSTIVA. If you would like more information, talk with your doctor. You can ask your pharmacist or doctor for the full prescribing information about SUSTIVA, or you can visit the SUSTIVA website at http://www.sustiva.com or call 1-800-426-7644.

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Revised April 2003

1. Arribas J, Staszewski S, Nelson M, et al. Three-year durability of response with an efavirenz (EFV)-containing regimen: 144-week follow-up from study 006. Presented at the 11th European Congress of Clinical Microbiology and Infectious Disease, Istanbul, Turkey, April 1-4, 2001.

Managing HIV is as Easy as TLC-- Talking, Living, Connecting

will help them live longer. Amidst recording new songs for their upcoming greatest hits album, overseeing plans for a DVD project and mulling over possible future performances, Chilli and T-Boz opted to spearhead the Dialogues initiative when they became aware of the alarming AIDS statistics.

"I think it's a shame that somebody would die from AIDS because they cared about what somebody was going to say next door or down the street. It doesn't make any sense. Who cares?"

According to a 2001 report issued by the Centers for Disease Control, African Americans and Hispanics make up 25% of the total population, but they make up 68% of newly reported AIDS cases. In addition, women now make up almost 26% of new AIDS cases, and the AIDS rate among African American women is 20 times higher than that of white women. As women and mothers, Chilli and T-Boz were so shocked by these alarming statistics they felt compelled to get involved. Resting in the plush suites of midtown Manhattan's Trump Plaza, the ladies recently took time to engage in this much-needed dialogue about HIV and AIDS within communities of color.

"We don't like to talk about [AIDS]. It's almost like, 'it won't happen to me because that's not 'our' disease,'" Chilli said of the widely-held notion of AIDS as a white people's disease. "This is everybody's disease. This is 'our' problem."

T-Boz believes that the shame associated with the disease is causing the statistics to skyrocket. "What sickens me is we as a people like to talk about each other before we help each other. That's not cool," T-Boz said. "I think it's a shame that somebody would die from AIDS because they cared about what somebody was going to say next door or down the street. It doesn't make any sense. Who cares?"

"When I asked one of the [Dialogues] doctors why do black women have [HIV] so much, [the doctor said it is] because our culture is so critical, so some people don't want their business out there," said T-Boz referring to the invisible "DL" lifestyle among black men which many believe is to blame for the disproportionate numbers of HIV infections in women.

"A lot of black men are not being honest," Chilli said frankly. "If you want to [have sex with men], that's alright. That's your business. But just be honest. And if you're not going to be honest, protect yourself."

It is no surprise that these petite pop sensations would become involved in such an initiative. Touted as the best-selling female group in music history, TLC exploded on the R&B and Pop music scenes in 1991 and built a career on a diverse repertoire of music addressing subjects like HIV, abortion and teen prostitution. AIDS twice hit home for the ladies when Chilli lost an uncle and T-Boz had a family friend to die from the disease. Fallen TLC member Lisa "Left Eye" Lopes, who died in a tragic car accident in 2002, had the trio wearing condoms on their clothing in the early days to promote safe sex. Last year, Chilli and T-Boz announced The Lisa Lopes AIDS Scholarship, a $25,000 AIDS educational scholarship awarded to a young person involved in the fight against HIV/AIDS. Supporting Dialogues is their way of keeping Lopes' spirit alive.

Dialogues helps people find a doctor that's right for them and arms them with the tools to ask the right questions and plan a strategy for survival. "Then, if that doctor is not the one for you, go to the next one,"

"A lot of black men are not being honest. If you want to [have sex with men], that's alright. That's your business. But just be honest. And if you're not going to be honest, protect yourself."

T-Boz instructs. She knows first-hand about doctors with poor bedside manners from her many years battling sickle cell anemia.

T-Boz and Chilli also stress that people living with HIV/AIDS do not have to be wealthy like Earvin "Magic" Johnson or even have a job to get information and get quality, life-saving treatment. Dialogues has resources available for everyone. But it starts with dialogue.

Dialogues: Education and Treatment for a Well Planned Future provides free information on living with HIV and AIDS. Call 800 576-6600 or log on at www.HIV-Dialogues.com.

J. L. The Down Low KING

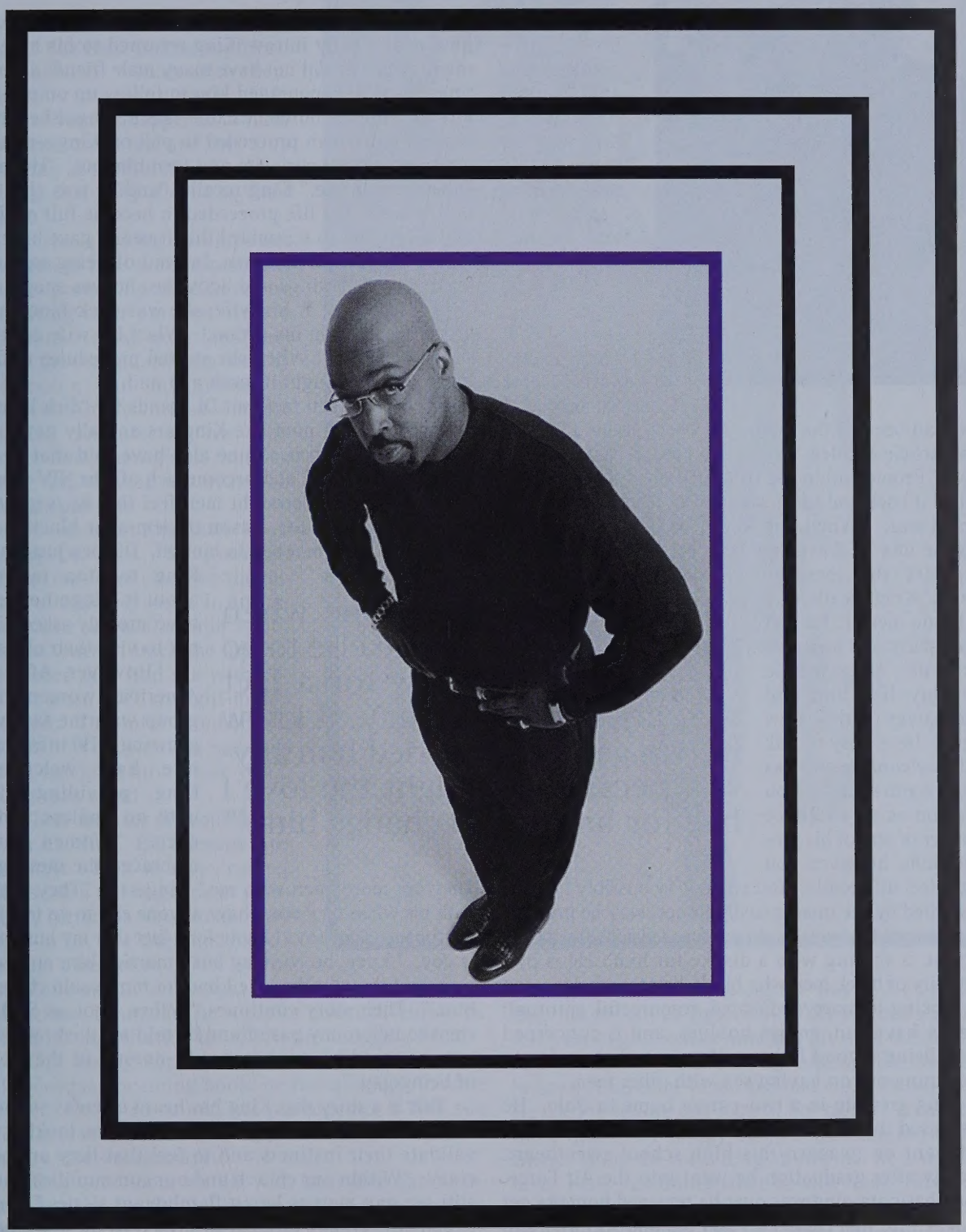
words by Janice "Jano" Lane

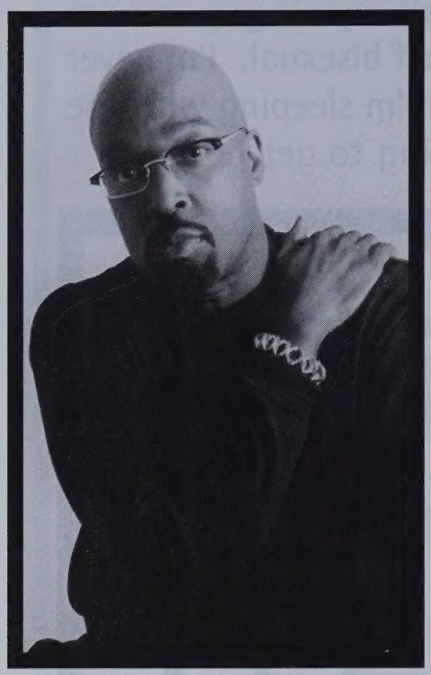
Since J.L. King first spoke at an African American AIDS/HIV conference two years ago, sharing the podium with Maurice Franklin and Phill Wilson, a lot has changed. He has completed his book, *Life on the Down Low* (Random House), due out this fall. He is much more secure speaking out about his past. He has created more bridges with the gay and lesbian community, and he is tapping his creativity to find more ways to communicate and reach men. Finally, because of his passionate mission to tell his story and help more people become aware of how to protect themselves from sexually transmitted diseases, he is no longer down low (DL).

He was green to public speaking then and to the world of conferences, where attendees often hear subtle variations of recycled themes from the year prior. In 2001, however, King not only created a buzz but also almost incited a riot. He was there to represent DL men. These men have sex with other men, are straight appearing, straight acting, and are usually in relationships with women; many of them also have children. They enjoy their heterosexual "family" lifestyle; they don't relate to gay men socially and, according to King, don't go to "gay" events. They feel that their heterosexual family life and their sexual trysts with men are two separate things.

"I went to the microphone," King recalls of that day, "and said, 'My name is J.L. King and I have sex with men and with women. I lie to women and don't tell them [I have sex with men]. Because I do this, they are at risk for getting diseases. I have sex with everyone that I can.'" He continued, "'I am a father. I was once married and a deacon at my church. I am never going to call myself gay and I'm never going to call myself bisexual. I'm never going to tell the person I'm sleeping with the truth and I'm never going to get tested." At that point chaos ensued. People begin rushing toward the podium; some of them wanted to ask questions, and others seemed violently

"I am never going to call myself gay and I'm never going to call myself bisexual. I'm never going to tell the person I'm sleeping with the truth and I'm never going to get tested."





troubled by his pronouncements and wanted to act on it. King upset so many people that Wilson had to stand and encourage order.

Several weeks later, New York Times reporter Linda Villarosa, who had been in the audience, wrote about J.L. King in an article entitled "AIDS Education Is Aimed 'Down Low.' " People within the HIV/AIDS field frantically e-mailed it back and forth, wondering who this J.L. King person was. "When The New York Times said that I was the face of down-low behavior, I took that on to help get the message across," King recalls.

If you met J.L. King at a card party or a backyard barbecue, you would probably like him and come away with a new friend. He is easy to talk with, welcoming and has a very warm smile. If you met him as an audience member of one of his presentations, however, you might feel differently. You could very possibly become so startled by the unashamedly honest way he presents his messages that you might confuse a dislike for the reality he is sharing with a dislike for him. He is in a fraternity of black men who black, heterosexual women are looking to marry; educated, resourceful, spiritual; likes to have fun, enjoys hobbies, and is concerned about being a good father. However, these men are also strung out on having sex with other men.

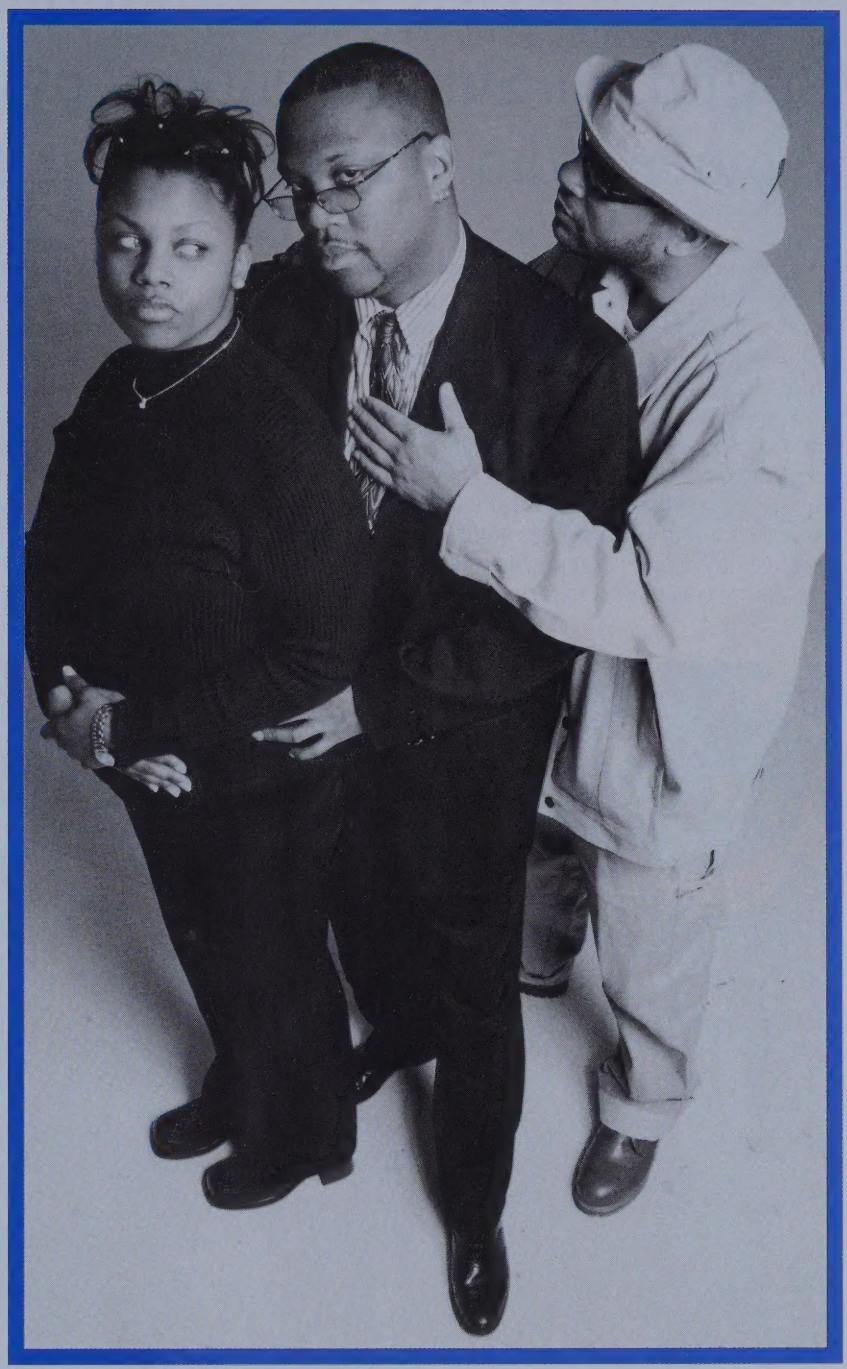
King grew up in a two-parent home in Ohio. He was raised in the church, was popular in high school and went on to marry his high school sweetheart. Directly after graduation he went into the Air Force. When basic training was over he returned home to get his wife. He was eighteen years old and still a virgin. They were best friends and in love. After the service, now with a baby in tow, King returned to his hometown. Since he did not have many male friends at that time, his wife encouraged him to follow up on an invitation from a church deacon. This distinguished, respected older man proceeded to pull on King's naive, untapped sexual curiosity and turn him out. "He saw something in me," King recalls, "and he was able to pull it out." His life proceeded to become full of lies and deceit and so scrambled that it nearly gave his ex-wife a nervous breakdown, Instead of being excited about family outings and activities, he was snapping with impatience at his wife; she was cock-blocking, keeping him from his action. When his wife caught on, he denied it. When she started procedures to divorce him, he fought it tooth and nail.

Many gay men feel that DL stands for "dick lover" and believe that men like King are actually gay and should own up to it. Some also have said that he is trying to capitalize and become rich off the HIV virus. African American straight men feel that he is giving white people another reason to demonize black men and should keep that talk to himself. DL men just want King to stop talking about it altogether and have strongly asked him not to visit their cities.

> "[Women] share with me when they don't have anyone else to go to. They say, 'I know for a fact that my husband is gay. I knew he was gay but I married him anyway because I thought the love I had for him would change him.'"

However, African American women, the group with the fastest-growing HIV infection rate, have welcomed King, providing him with an endless audience. "Women have embraced the message. They are more open with me," King said. "They share with me when they don't have anyone else to go to." He continues, "They say, 'I know for a fact that my husband is gay. I knew he was gay but I married him anyway because I thought the love I had for him would change him.'" Their story continues, "'When I got an STD, I went to talk to my pastor and he told me there was no way he could be gay because he doesn't fit the mold of being gay.'"

This is a story that King has heard often as women from across the country have e-mailed him, looking to validate their instincts and to feel that they are not crazy. "Within our church and our communities, they still see gay men as being flamboyant sissies," King explains. "What I brought in myself to these women



was a real masculine brother who looks like their pastor, boyfriend or husband. I share with them my story of what I did to my wife. Then what has happened to them becomes more real and they stop looking at the situation as something that they did or is their fault."

He is trying to empower women to take more responsibility in protecting themselves by insisting their partners wear a condom; to ask questions; and keep the communication open by revealing the magnitude of African American men who are having unprotected sex with other men, then going home to have unprotected sex with their female partners.

For his book, King interviewed many DL men. He promised anonymity and changed the details of who they were. In one instance he asked 10 men in 10 different cities to track the number of times they had sex with another man, over an eight-month period. The total number was 1,200. "What would it had been if we had gone for a whole year?" King asks aloud.

There are a lot of people angry with J.L. King. His message does not have a built-in happy ending. He is often not as gentle or politically correct as some would want him to be. He does not have a master's degree in public health, let alone one in public speaking. He refuses to say that he is gay or bisexual. However, in all his imperfection his efforts are changing the discussion among African Americans about HIV/AIDS. Besides his upcoming book, he has a video, *No More Secrets, No More Lies*, and has put together a Web site for DL men at www.DaLinksWorks.com, that includes heavy safe sex messages.

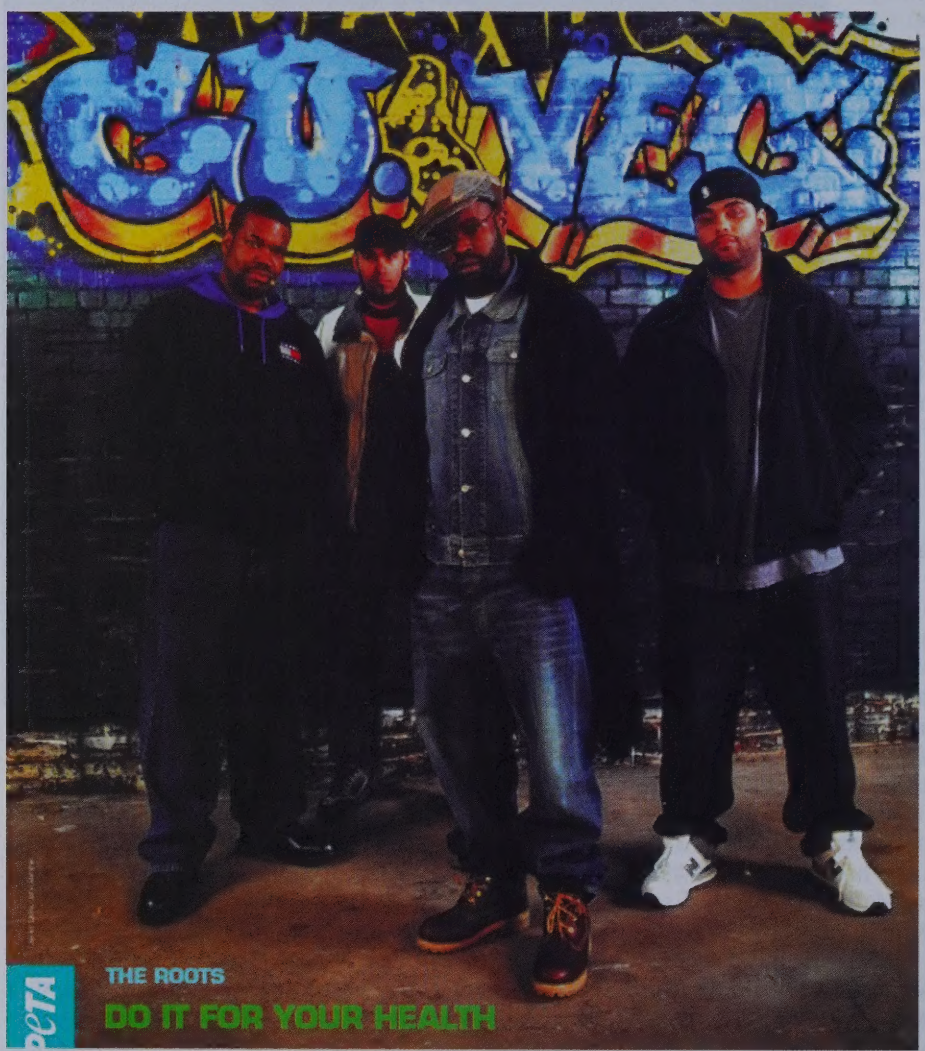
King goes about his life with unbridled optimism. It is hard to see that he has served his time in silent witness, burying DL friends who died from AIDS infecting their partners along the way. He certainly does not have it all figured out. All he knows is that a few years ago, he was minding his own business; he had a lucrative job and a very comfortable life. Then he says, "God came to me and told me to tell my story." He tried to ignore this request but he says it happened three times. He finally complied, losing most of his friends along the way. King knows that he is nobody's hero; he is just doing what he was told. This whole "tell your story" adventure is still unfolding, but so far he is the only down-low brother to come up front.

Bias Still Exists But Adoption is a Viable Option for Same-Gender-Loving Men and Women Who Want to Become Parents

Discrimination based on sexual orientation still exists, but many adoption agencies are open to placing children with gay and lesbian parents, according to a new study by researchers at Rutgers, The State University of New Jersey.

The study, "Adoption Agency Perspectives on Lesbian and Gay Prospective Parents: A National Study," is featured a recent issue of Adoption Quarterly (volume 5, issue 3). The study features results of the first nationwide survey of adoption agencies focusing on attitudes and practices by agencies regarding homosexual adoption. The survey was mailed to 891 adoption program directors in public and private adoption agencies. Findings are based on 214 completed surveys received from 194 private agencies in 45 states and Washington, D.C., and 20 from public agencies in 13 states.

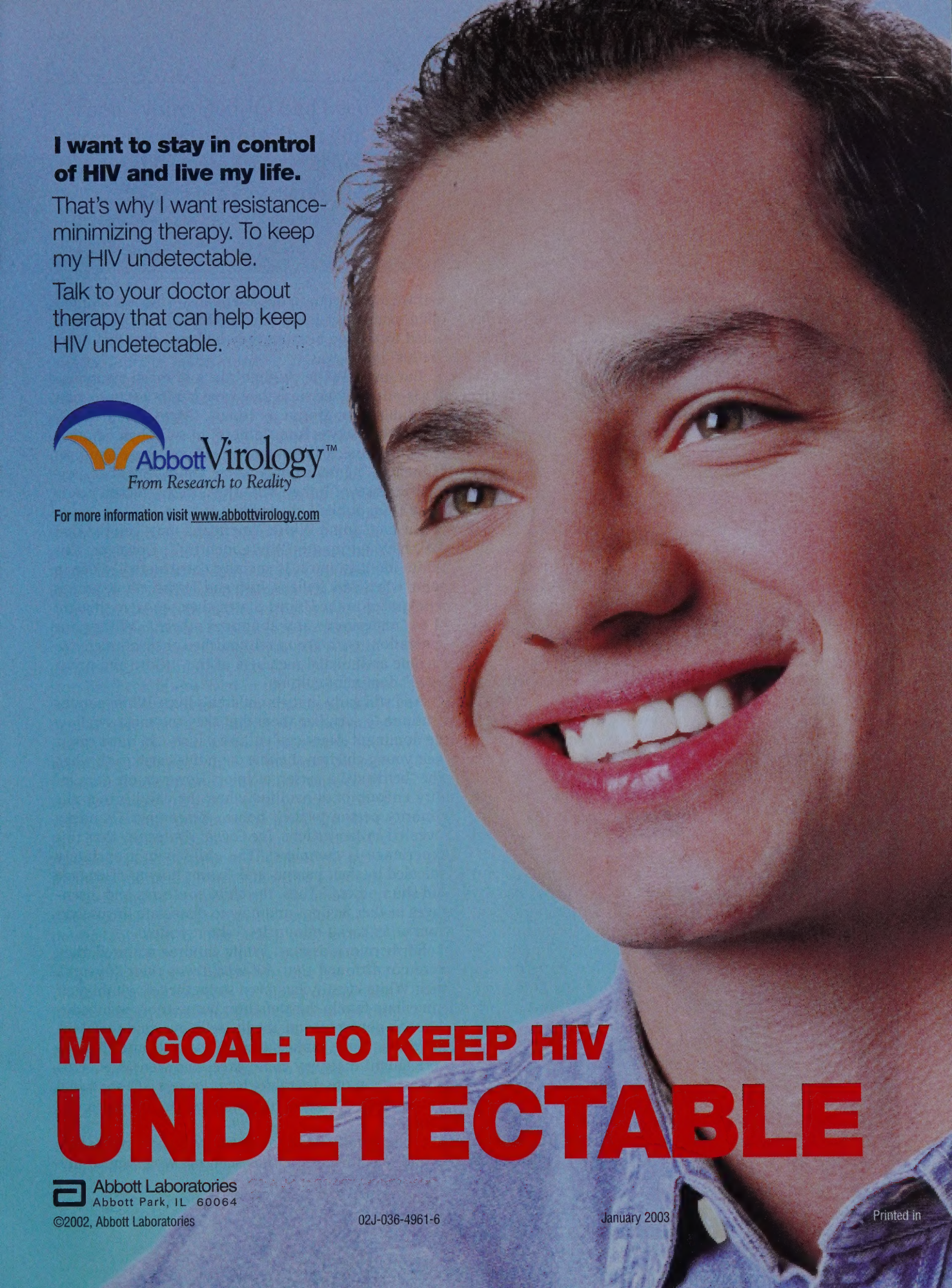
"Sixty-three percent of the respondents said their agency accepted adoption applications from homosexual individuals, and nearly 38 percent indicated they had made at least one adoption with a gay or lesbian adult during the two-year study period, from 1995 to 1996,‰ said author David Brodzinsky, an associate professor in the department of psychology and director of the Foster Care Counseling Project at Rutgers.



Brodzinsky found two key factors that impacted willingness to consider homosexuals as adoptive parents: the religious affiliation of the agency and the type of children the agency placed.

According to the survey, agencies operating under fundamentalist Christian beliefs were „never‰ willing to accept applications from homosexuals. Agencies affiliated with the Catholic Church were 'seldom' willing to accept applications; only 14 percent said they would. Less than half (42 percent) mainstream Protestant-affiliated agencies and 92 percent of Jewish-affiliated agencies were willing to accept applications from gay and lesbian individuals.

Public agencies were 100 percent willing, except in states that ban homosexual adoption, and 77 percent of private, nonaffiliated agencies said they would accept applications from gay and lesbian individuals.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"I am tired. I have been Black all day!"

words by Preston L. Shumaker, MSW

When one of my best friends, shared this quote with me, I smiled and simply nodded my head. I understood. Thirty-six year old Kendrick is the sole African American gay male professional at his company in New York. He is articulate, sharp, and intelligent man on the meteoric rise to success. On a daily basis, Kendrick must deal with all the drama that comes with being a Black gay man in America. The common perception that African Americans are monolithic in thought and deed often is assumed within his business practice. Kendrick combats many ignorant and ridiculous stereotypes more times that he can count. He conducts himself in a respectable fashion refusing to let others break his stride. During these times, Kendrick simply remembers a quote from sister Oprah, who said so eloquently: "I was raised to believe that excellence is the best deterrent to racism or sexism. And that's how I operate my life."

However, dominant culture still provides repeated messages regarding what it means to be a "normal" person. However, what if a person of color's perspective is different than the dominant culture? White Americans can inflict their master status belief system upon others regarding "normalness" without apology because "their way is the best way." It has taken a lifetime to realize the fact that our way is not necessarily wrong. Black folks have always stridden to the beat of a different drummer.

Prolific scholar, Arturo Madrid, expressed his thoughts on the subject in an article entitled "Diversity and its Discontents." "The first half of my life, I spent downplaying the significance and consequence of otherness," he offered. As I read, he captured and validated my own life experiences. I, too, have felt the "otherness" struggle. As a means of assimilating into dominant culture, I tried to forget it. However, my White schoolmates always "reminded" me consistently that I was always too something: too dark, too black, too bold, too passionate, too dumb, too smart, too skinny, too full-lipped, too much hip, too quiet, too loud, too nappy-headed, too scared, too cowardly, too awkward, and too ethnic. As I tried to assimilate, I felt like my soul was being severed from my authentic Black self. Despite the social constructionist rhetoric that suggests that we are all equals, the essentialist American climate often treats diversity as inferior. My fellow class chums failed to see me because they believed that they were "better" than I was.

But many White children's lack of racial awareness exists primarily because they were taught never to view other minority groups as equals. Many families distanced themselves from "others" to suburban communities to "protect" their loved ones from "those improper influences." Interestingly, some white American heritage consists of "other" minority ancestry tucked neatly away from public knowledge.

In fact, some White Americans may believe that they have an innate "White identity". However, This White identity norm is socially constructed. Case in point, when dark Italians, Irish and Jewish ethnic groups immigrated to the United States, they too were thought of as "undesirable and abnormal others." Within one generation, each group relinquished their ethnicity to become assimilated members of the "White and privileged" dominant culture.

And still early in their children's lives, White parents continue to socialize them that they too must swallow the dominant American culture values. In most cases, their young children stumble upon this harsh truth when s/he "befriends" a person of color. However, the grim reality encounter is instilled when the child brings the minority person to their home. Researcher Thandeka revealed in her article, *The Cost of Whiteness*, that this experience is common. "The child is appropriately ridiculed by their parents and "learns how to disengage and shun others." Thus, the child conforms and disengages his/her feelings and how to dissociate themselves from other racial minorities," she revealed.

Furthermore, as most White children matured, they were conditioned that the world was their "oyster". Their White identity had been strengthened within their immediate family constellation but reinforced by educational, governmental, media, religious, and social institutions. Upon multi-systemic levels, White children were taught that they could excel and were intellectually astute, more desirable, born leaders. Other racial groups simply became marginalized, invisible and unworthy.

Consequently, Madrid continued in his article, "the second half [of my life] has seen me wrestling to un-

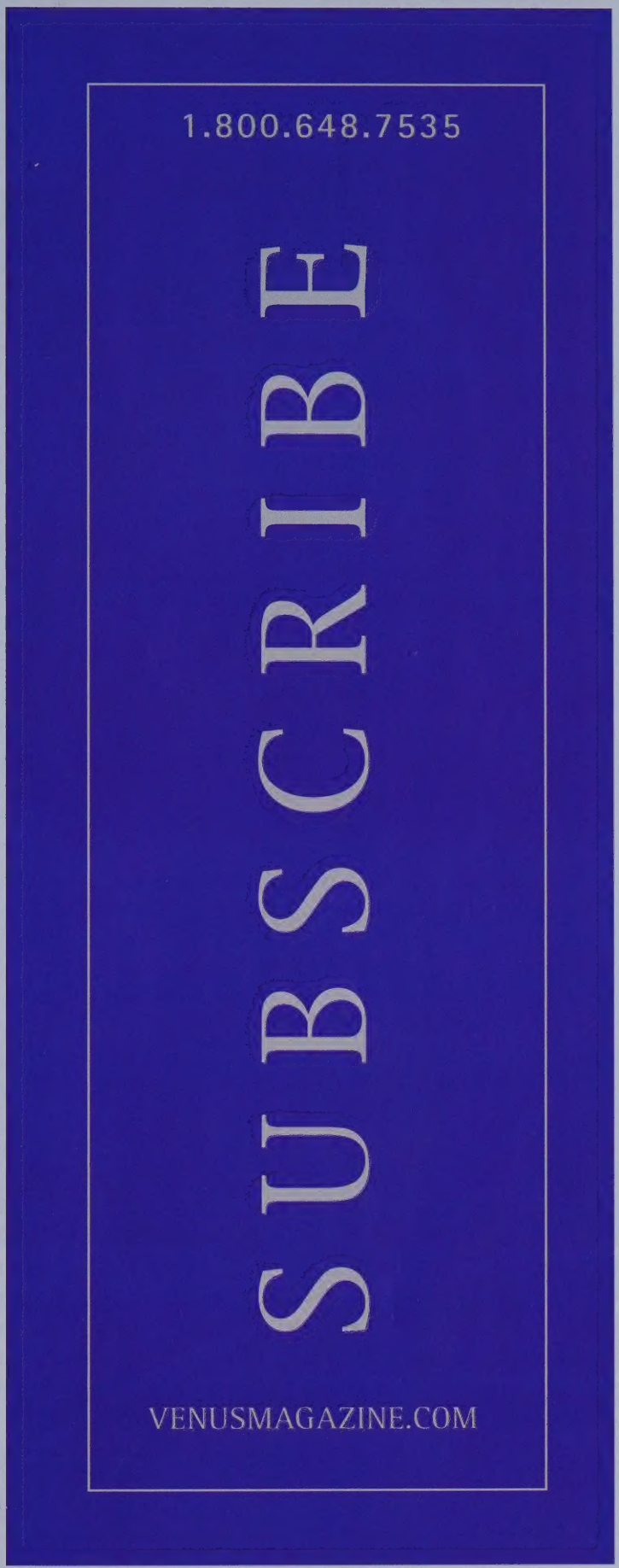
> "Their White identity had been strengthened within their immediate family constellation but reinforced by educational, governmental, media, religious, and social institutions."

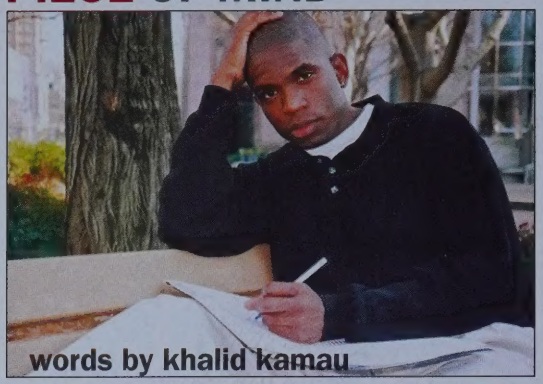
derstand its complex and deeply ingrained realities; striving to fathom why otherness denies me a voice or visibility or validity in American society and its institutions." This passage burned a hole in my soul. Many Americans would believe that Kendrick had made it. He earns a great salary as well as occupational prestige. However, in his gut, Kendrick knows the truth: he is tolerated so long as he smiles and makes no waves. Thus, the quiet and do as you are told edict is unspoken but understood. As a professional, this ongoing validation and respect struggle is tiresome and mentally grueling. Thus, the American essentialist belief that Blacks are shiftless, lazy and mentally inferior to Whites remains in full effect.

When dominant culture inflict stereotypical ideals upon others ethnic/racial groups, their true freedom to reveal their true self is extinguished. Unfortunately, this form of oppression has been interwoven in the United States fabric and has become a non-conscious ideology. In order for our country to truly become a true land of the free, we must relinquish such negative ideologies, which is not easy because it means giving up one's power. If America admits that there are other belief systems just as valid, she could not have the privilege of being a powerhouse any longer. But then, America would become the home of the brave by truly embracing other minorities as equals.

Until that day, people of color must continue to fight for our respectable place at the power table of life. The struggle for equality and respect continues but we must refuse to wallop in the negative stereotypic lies. The question is, are we ready to claim our proper place? Judith Jamison, Artistic Director of the Alvin Ailey Dance company said it best: "we can go on talking about racism and who treated whom badly, but what are you going to do about it? Are you going to wallop in that or are you going to create your own agenda?" Ache.

Questions? Comments? Bring it on! Send to PrestonMSW@aol.com





words by khalid kamau

IN BED WITH KHALID

Acquired Intimacy Deficiency Syndrome

> "Sex with condoms is never that good. Just mentioning them seems to dull the moment."

So many of our problems with intimacy are rooted in modern HIV discourse. Our entire sexuality has been pathologized!" exhales my friend Charles Stephens. Charles is a recipient of an Audre Lorde Scholarship and quite possibly the smartest man I know. We are catching up over coffee when I start into lamenting about how, as I get older, sex is becoming less "fun."

"Nowadays, our sexuality is generally talked about in terms of risk and safety." He explains. "Our body has become a war zone. If every time I get into bed with someone I am thinking, I'm risking my life, that's going to block the building of any intimacy."

And this is why I3 love brilliant people. They take twelve minutes of soliloquy from my personal psychodrama and distill it into one cogent quotation. I used to fancy myself as a Don Quixote of the heart: a renegade of Love on a quest for unadulterated intimacy. If we care about one another the way we say we do, then we should be able to trust each other. I would tell myself, afterwards. But Dulcinea was a whore, and I and most of my partners have been, too. Today, I trust George Bush (Jr. or Sr.) and the CIA more than most of my dates.

Too often, I have ended up in beds (or kitchens or cars or sex shops) with strangers I do not trust. And even when I am with someone that I have known for whatever I am currently qualifying as "long enough," I worry. It took many of my closest friends years to 'come out' to me about their HIV status. So how, in the bait and switch game we call dating, can I expect more honesty from a "date" (whom,- if things don't work out - I will probably end up trashing to my boys during one of our locker room sex updates)?

The answer, according to Michael Seabolt, Program Coordinator of AID Atlanta's InfoLine, is that I cannot. "Each one of us is responsible for our own HIV status." He admonishes. "In the end, the only person you can count on is the only person you can hold accountable - you." The words roll around in my head like loose boulders.

Who am I to argue with such authority? So I use condoms as consistently as possible, which, thus far, has been quite inconsistent.

Some time ago, I made the very bad decision of having sex without one. There was not an actual "decision", per se but we were young, it was in the heat of the moment, etc. We have all heard (or told) this story. Unfortunately, this was some of the best sex of my life. It was the kind of sex that leaves you looking around the room at pillows and sheets strewn across the floor, wondering what just happened. "I can't believe you just did that!" You pant.

Sex with condoms is never that good. Just mentioning them seems to dull the moment. Their spontaneity and your excitement sneak out the room as you dig through your glove compartment for one. The room grows silent, both of you listening for the cries of the imaginary AIDS patient or unwanted child in the next room. Your eagerness evaporates, leaving you limp-dicked as you fumble with the tip, trying to decide which is the right way to roll the damned thing down. Even after talking yourself back up, so much of your attention is absconded in making sure the condom stays on that there is little time left to focus on your stroke. Anal sex is the worst. The smaller, tighter hole seems to suck the condom right off! The entire act becomes about as tender, intimate and exciting as driving in rush hour traffic.

Once, while in a clinic, I came across a men's magazine with an excellent advice column; the

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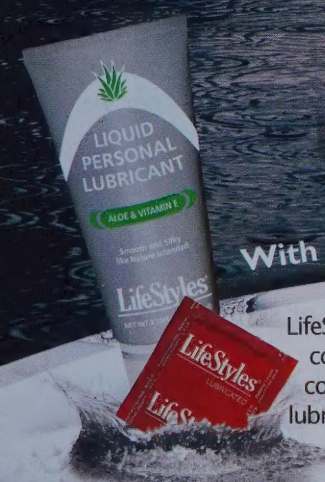

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kind that gave tips you would never find in doctor-office pamphlets. The columnist (a womyn) wrote in response to a guy who hated condoms as much as I, that her boyfriend got used to the sensation and application of condoms by masturbating with them on (a radical measure which, I am certain, was inspired by several sexless nights with her).

Hoping to eradicate my own loath of latex - and possibly save my life I decided to try this myself. When night falls, I throw Tweet – my sex soundtrack du jour – in the stereo. There is something about the beat of *Smoking Cigarettes*... Fresh out of a steamy shower, I flex in front of the mirror as I oil myself up (I must note here my sincere belief in the intrinsic homosexuality of all men. What man that does not dance for himself in the mirror and become aroused by his own reflection?).

I striptease out of my towel and onto the bed. I look around for my condom and lube. Condoms are like television remotes - you never find them where you last put them. I find the condom, open the package carefully, and hold it up in the air, hoping the street lamp outside my window will provide enough light to check for holes. I fumble with the tip. Finding the right way to roll it down is a cinch tonight; perhaps because there is not another anxious pair of eyes in the room, watching me. Nevertheless, I still go limp.

I am having the safest sex possible on earth; a more issue-free environment for intimacy I could not envision. I am one sex partner that I know well and love greatly. I never worry about giving myself an STD or a child, the sex is always as good as I imagine it will be, and I never say anything so incredibly annoying afterwards that I want to get up and leave. Yet, even with all of this, I recognize that my AIDS anxiety has increased, and rightfully so. I am masturbating alone with a condom so I can get used to the idea of never not using one ever again. Charles is right. The thought of catching an incurable, difficult, disfiguring disease can definitely spoil the moment.

Often during sex, I struggle to shut my mind off and 'enjoy the ride.' I realize that this night will be no different. I search for some lubricant. The last time I went in for my 'emissions test' (I get tested for all the STDs every six months or so), the doctor gave me an eight-ounce bottle of lubricant. I told myself that he did not mean to imply that I was a whore. Like most water-based lubricants, this one starts as smooth as almond oil, but quickly dries into a sticky mess. Of course, one cannot use real almond oil with condoms, because oil breaks down latex. In sex, as with food, all the best things are bad for you.

Like a soldier, I push through all of these obstacles towards my goal. Actually, there is more jerking than pushing. In the midst of all this friction, I stumble upon what may be my biggest barrier to intimacy. I notice that every time the smell or feel or concept of all this protection got me down, my mind runs through fantasies of rough sex, bad language and ignominious acts to get 'it' up. I suddenly realize that many of my greatest orgasms have come from dominating and demeaning my partners, or vice versa. Perhaps fucking raw without discussing anything is just another way we abuse each other.

Of course, I could have talked with my past partners about safety before having sex. With my AIDS awareness, we could have sat down and written out risk assessments about the activities we were engaging in. But often, I skip all of this talk, like the opening of a porno, and go straight to 'the action.' In the end, my way to intimacy may simply be blocked by my own secret, self-centered, patriarchal approach to sex. How disappointingly trite.

Tricky condoms and sticky lubricant, instead of being reminders of my own sexual frustration, could be seen as symbols of selfless concern for people gracious enough to share their bodies with a stranger: me! Intimacy is not created by having sex in an issue-free environment. Intimacy is the warmth generated by two (or more) people reaching beyond barriers - made of fear or latex or whatever - to touch each other. This entire essay could have been focused on how to make any partner we have feel more safe, comfortable and confident in their attempts at intimacy with us. We could all have more intimate and trusting experiences with one another when we learn to be as concerned about our partners as we are with ourselves; talking with them about protection instead of skipping to 'the action.'

As with most truths, the work will not be nearly as simple as the words.

For more information on AIDS/STDs, contact the AIDS/STD InfoLine @ 800 551-2728 For more information on khalid, visit khalidkamau.com

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DEAR SAKIA words by D'Lo

I know we don't know each other, but when I heard about your death 5 minutes ago, I got hella emotional. It made me feel like a little kid again- helpless. It was just the other day, my Appa (father) told me that he didn't mind that I was gay, but that because this world is such a cruel place, he wished that I wasn't "out". I know it's not just about his worry over my life, I know some of it, or most of it, has to deal with the fact that he don't want everyone to know, cuz then our community folks will gossip or have pity on the family. He wants to let everything look good on the outside- the Sri Lankan way.

See, I perform on stage and besides talking about different injustices or issues (all the isms and phobias) I talk about being gay, or butchy or trans identified. Most folks, except those who really don't have a clue, can tell that I'm gay. It goes without saying that I feel more empowered by being "out" rather than silencing myself- cuz others who connect or who feel me, well, they make my life feel more legitimized.

I feel my Appa's words ringing in my head, today, as I hear of your death. I see Brandon and Matthew. I see you.

I see the butchy younger black girl last night who was too scared to perform on stage in front of everyone, so she hid behind the curtain the whole time and did her piece, interspersed with deep breaths and dry mouthedness. The whole while, her butch/boyish friend kept encouraging her, gently pushing her through the piece, holding her up while she struggled through her piece.

"I DO give a fuck. I keep wondering how people perceive me. I wonder if the constant stares, every minute I walk down the street, I wonder if those stares will lead up to some fight or confrontation. I keep guard. I stay on my toes, I carry a knife."

Damn.

I wonder what the fuck was going on in that guy's head to make him go ballistic like that, taking your life. Stabbing? Jeez, talk about horror movies. Is it the male ego that gets hurt or irritated or fired up enough to kill someone? Ego? Is that it? Or is it another psycho guy on the verge of doing crazy shit and his trigger was pulled when you told him that you were a lesbian? Or was it a killer, in general, because it almost has become common place, who was looking for another victim? These thoughts and many many more go through my head at this time.

I know this kind of shit has happened before. So many suicides related to being "in the closet." So many homicides, I'm sure, due to being "out-ted", whether we hear about it as a "hate crime" or not.

Sakia, I know you prolly in a better place right now, but I can't help but be sad. I know my Appa and other folks are worried for me. When he said what he said, I got so frustrated, because I wanted him to see how when I'm out, it's an inspiration for others- as it is for me when I see "visible" gay folks. It's so important for me, as someone who doesn't "pass."

And I know I ain't no hero, but Fransisca says that she admires me for being who I am, because sometimes she, a femme, wishes she were like me: "not giving a fuck" and just being who I am. But what she doesn't realize is that I DO give a fuck and, I wish, sometimes, that I could pass for a woman, or more preferably, as a man. I DO give a fuck. I keep wondering how people perceive me. I wonder if the constant stares, every minute I walk down the street, I wonder if those stares will lead up to some fight or confrontation. I keep guard. I stay on my toes, I carry a knife. (Well, I stopped after I had to use it on someone – self-defense. But I plan on buying another one after I heard about you.) And the fact is, that I can't change the way I am. I've tried, but it was all WRONG. This is what's most comfortable, unfortunately or fortunately. Whatever the case, I have no other option.

Well, anyway, last night I went to a high school LGBTQ performance event in West Hollywood (that's where the younger black butch was performing) and the theme of the show was "the gender of objects" and I wished that Appa was there. I mean, THEN he could maybe understand a little bit of why what I do is so important. Though I didn't know them, I was so proud of those students. They were in HIGH SCHOOL! There were femmes and butches who OWNED their shit and little flamer guys and the macho ones, too.

Yo, For my Appa to see that?
Yo for real.
It's like this-
There is no need for questions or answers when you see someone in their true light.

These youth were EMPOWERED by their expression of their sexual orientation/gender.
To see that? Nothing more need be said.
The work must continue, even if it's just "being out" on an everyday tip.
(YO yo yo yo yo- I'm not saying folks need to come out if they not ready, it's all good. I guess I'm only talking bout the ones who have "no other option" or "by default" or whatever.

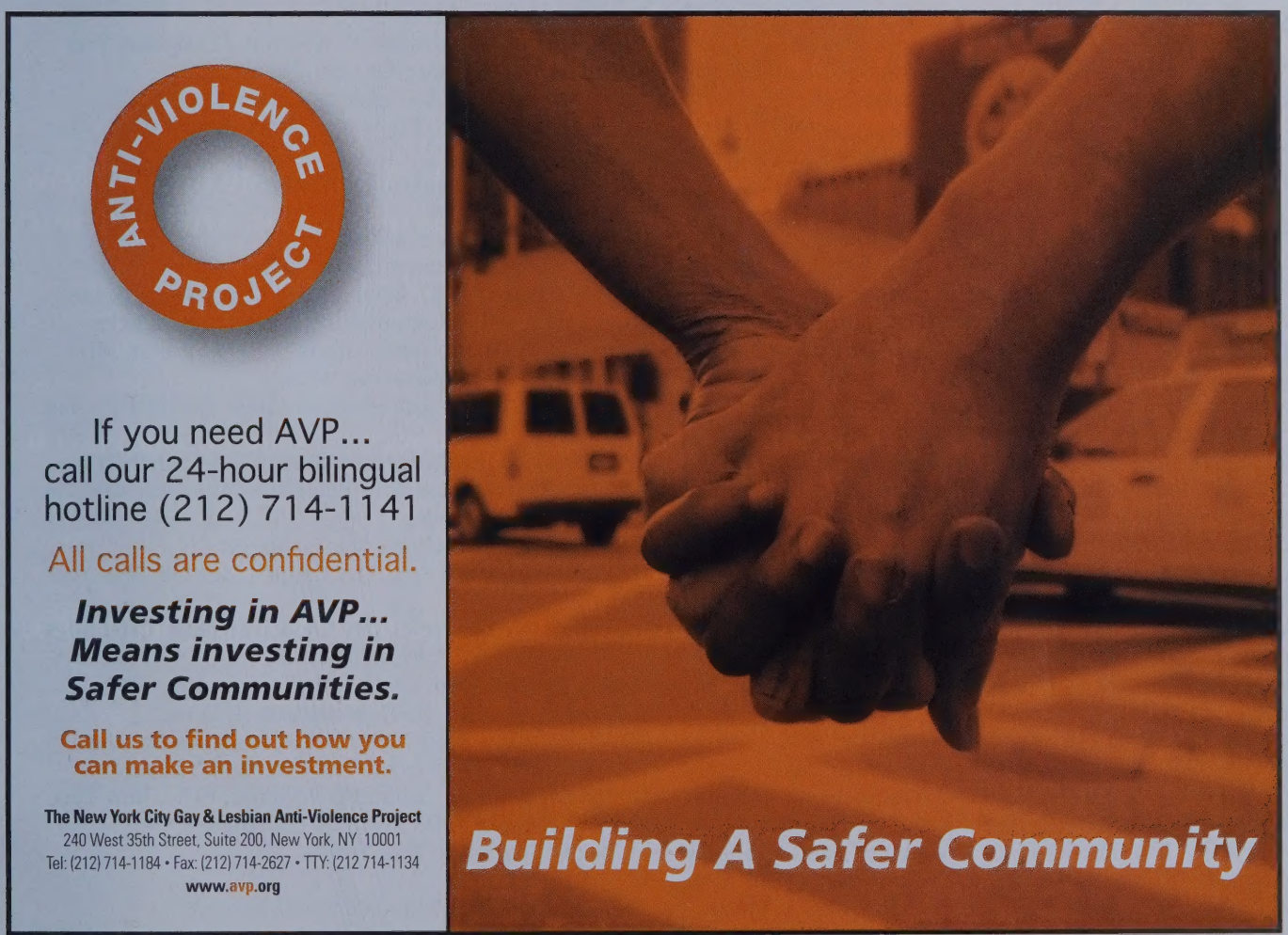
Aye, I don't want to get off tangent, but I was also inspired that as a sophomore in High school, you were out. The news says the killing must have been "hate crime" related because of the fact that you said you were a lesbian. I'm sorry this is what caused your death. But lessons will be learnt and

not forgotten. I promise. Your death will not be forgotten. Your name will remain on my tongue.

I get scared sometimes. Most places that straight or "passing" people take forgranted are not the safest places for me. My Amma's house is safe, but sometimes she come out with some shit that makes me feel helpless. So I guess, the only place that's safe for me, is with my friends, who really care about me, and especially with the ones who just UNDERSTAND (or TRY to understand) what it MIGHT be like being me.

But Imo tell you that the safest I've ever felt is in her arms. Against her bosom.
Listening to her breath,
feeling her body rise and fall
with every exhale and inhale. This is home if home is where the heart is. And shoo... there IS no place like home.
Unfortunately, no woman fills the "her" spot at this time in my life, so, as I hear about your death, and I anxiously anticipate my next encounter with ignorant folks, I wonder if I'll have anyone to run to.
Y'know, just some of that physical affection
A gentle rub on my head
While laying on the couch
On my way to sleep
In her lap.
The kind that tells you,
unspoken,
that "Everythingz gon be ok"-
Lets me RISE up
The next day
To do it all over again.

Ok then, Sakia.
Please say hello to my sister for me.
Please keep watch over me.
Keep watch over all us butch/boys/ftm's.
I'm not saying you shouldn't watch over the rest of folks, but y'know what I'm saying.
Maybe I'm assuming that you a butch, because of your picture on the web (by the way, you're beautiful). Regardless, maybe ya'll can slip God a little note saying we a little fed up over here and maybe, could S/he bring some sort of justice to this planet already.
They say everything happens for a reason...
Once again,
In prayers or on stage,
Your name will not leave my tongue.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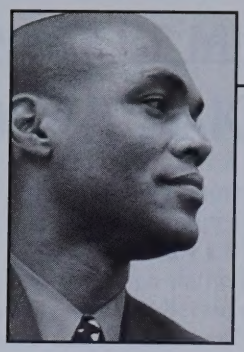

CALL FOR ACTION

A BLACK GAY MEN'S CALL TO ACTION TO THE BLACK COMMUNITY

More than two decades have passed since the HIV/AIDS pandemic emerged. Despite advancements in other communities, the virus's progression among Black people continues to quicken.

As a group of professional Black gay men, we call on our community to join us in the fight to rid our community of this devastating disease. We come together from all walks of life to search for and implement solutions. We are elected officials and public servants. We are leaders in the world of music. We are businessmen, lawyers, artists, entertainment and media executives, and scientists. Despite our varied areas of expertise, our strength is our common vision. We are Black men who refuse to remain silent while Black people account for over half of all new HIV infections every year in the United States.

Our community must recognize that this is a state of emergency. We must each speak openly about living with HIV—whether or not we are infected, we are all affected. It is our collective responsibility to be informed and responsible.

*We must protect ourselves and our partners from the virus' continued spread.

*We must teach each other about HIV and AIDS and recognize that this is a preventable and treatable disease.

*We must get tested and encourage our partners, family and friends to do the same.

*If we are positive, we must get into treatment.

*And, we must demand that we as a Black community call upon our own resources and our government to take appropriate and targeted action to combat the epidemic in our communities.

Perhaps most crucially, we must engage every part of the Black community in a coordinated effort to turn the tide. It is time for us to reject the paralyzing denial, stigma and homophobia promoted by a few lone voices. We must confront the socio-economic conditions that cause people to do drugs and exchange needles; challenge the lack of affordable medicine and treatment options available to many of us; dispel the myths and misinformation circulating in our communities; and alleviate the myriad of issues that contribute to the spread of AIDS in Black communities today.

We are calling on every Black organization in America to add HIV/AIDS to its agenda. And we are asking every Black man, woman, and child to make a personal commitment to fight against HIV/AIDS in our communities.

Finally, it is time for Black gay men to stand up and be counted. In order to participate in the healing of our community we must first heal ourselves. So we are joining together as one voice, one body, and under one spirit of love. It is through this union that our healing can begin. And so we invite our mothers, fathers, brothers and sisters to join us in a partnership to end this pandemic. Only through coming together can we end the plague sweeping through all quarters of Black America. The power to save our lives ultimately lies in our own hands!

Emil Wilbekin, Editor in Chief, Vibe Magazine*, New York, New York
E. Lynn Harris, Novelist, Atlanta Georgia
Keith Boykin, Author and Lecturer, New York, New York
Prof. John L. Peterson Ph. D, Georgia State University*, Atlanta, Georgia
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Nathan Williams Esq., Grooms & Williams, PLLC, New York
Phill Wilson, Black AIDS Institute, Los Angeles
Kai Wright, Journalist, New York

[Pictured above-Phil Wilson, Black AIDS Institute]

I'm DOING WHAT MATTERS TO me again

HIV+ and no energy to do the things you used to do?
You may have anemia – a serious health concern.

Over half of all people who are being treated for HIV are taking medications that include AZT. These medications can reduce the number of red blood cells in your body and cause anemia, which can make you feel tired and weak. Don't just ignore it or try to live with it. PROCRIT increases the production of red blood cells. More red blood cells can mean more energy.

If you think anemia is stopping you from doing what matters to you, talk to your doctor.

Write down anything you might like to talk about beforehand, and ask your questions at the beginning of your appointment. Be specific about how tiredness is affecting you. Example: "I used to be able to have a few friends over for dinner. Now, I can't." This is more specific than "I'm tired all the time."

Ask about your red blood cell count, and if PROCRIT is right for you.

PROCRIT is an effective treatment for anemia induced by AZT-containing regimens in HIV patients. PROCRIT is proven and safe. In studies, side effects were similar in PROCRIT- and placebo-treated patients. PROCRIT is available by prescription only and is injected by your doctor or nurse. For complete details, see the Brief Prescribing Information on the following page.

PROCRIT®
EPOETIN ALFA
Strength for Living®

FOR ANEMIA INDUCED BY AZT-CONTAINING REGIMENS IN HIV PATIENTS

For more information, please call 1-888-PROCRIT or visit www.PROCRIT.com

Manufactured by Amgen Inc., Thousand Oaks, California 91320-1799 Distributed by: **Ortho Biotech Products, L.P.**, Bridgewater, New Jersey 08807-0914

MS2-120

BRIEF SUMMARY OF PRESCRIBING INFORMATION INDICATED FOR THE TREATMENT OF ANEMIA IN ZIDOVUDINE-TREATED HIV-INFECTED PATIENTS

PROCRIT®
EPOETIN ALFA
For Injection

FOR FULL PRESCRIBING INFORMATION FOR ALL INDICATIONS, REFER TO THE PHYSICIANS' DESK REFERENCE®

INDICATIONS AND USAGE

PROCRIT® (Epoetin alfa) is indicated for the treatment of anemia related to therapy with zidovudine in human immunodeficiency virus (HIV)-infected patients. PROCRIT is indicated to elevate or maintain the red blood cell level [as manifested by the hematocrit (HCT) or hemoglobin determinations] and to decrease the need for transfusions in these patients. PROCRIT is not indicated for the treatment of anemia in HIV-infected patients due to other factors such as iron or folate deficiencies, hemolysis or gastrointestinal bleeding, which should be managed appropriately.

PROCRIT, at a dose of 100 U/kg 3 times per week (TIW), is effective in decreasing the transfusion requirement and increasing the red blood cell level of anemic, HIV-infected patients treated with zidovudine, when the endogenous serum erythropoietin level is ≤500 mU/mL and when patients are receiving a dose of zidovudine ≤4200 mg/week.

CONTRAINDICATIONS

PROCRIT is contraindicated in patients with: 1) Uncontrolled hypertension; 2) Known hypersensitivity to mammalian cell-derived products; 3) Known hypersensitivity to Albumin (Human).

WARNINGS

Pediatric Use: The multidose preserved formulation contains benzyl alcohol. Benzyl alcohol has been reported to be associated with an increased incidence of neurological and other complications in premature infants, which are sometimes fatal. PROCRIT therapy has not been linked to exacerbation of hypertension, seizures, and thrombotic events in HIV-infected patients.

Pure Red Cell Aplasia

Pure red cell aplasia (PRCA), in association with neutralizing antibodies to native erythropoietin, has been observed in patients treated with recombinant erythropoietins. PRCA has been reported in a limited number of patients exposed to PROCRIT. This has been reported predominantly in patients with CRF. Any patient with loss of response to PROCRIT should be evaluated for the etiology of loss of effect (see PRECAUTIONS: Lack or Loss of Response). PROCRIT should be discontinued in any patient with evidence of PRCA and the patient evaluated for the presence of binding and neutralizing antibodies to PROCRIT, native erythropoietin, and any other recombinant erythropoietin administered to the patient. Amgen/Ortho Biotech Products, L.P. should be contacted to assist in this evaluation. In patients with PRCA secondary to neutralizing antibodies to erythropoietin, PROCRIT should not be administered and such patients should not be switched to another product as anti-erythropoietin antibodies cross-react with other erythropoietins (see ADVERSE REACTIONS).

PRECAUTIONS

The parenteral administration of any biologic product should be attended by appropriate precautions in case allergic or other untoward reactions occur (see CONTRAINDICATIONS). In clinical trials, while transient rashes were occasionally observed concurrently with PROCRIT therapy, no serious allergic or anaphylactic reactions were reported. (See ADVERSE REACTIONS for more information regarding allergic reactions.)

The safety and efficacy of PROCRIT therapy have not been established in patients with a known history of a seizure disorder or underlying hematologic disease (eg, sickle cell anemia, myelodysplastic syndromes, or hypercoagulable disorders).

In some female patients, menses have resumed following PROCRIT therapy; the possibility of pregnancy should be discussed and the need for contraception evaluated.

Hematology: Exacerbation of porphyria has been observed rarely in patients with chronic renal failure (CRF) treated with PROCRIT. However, PROCRIT has not caused increased urinary excretion of porphyrin metabolites in normal volunteers, even in the presence of a rapid erythropoietic response. Nevertheless, PROCRIT should be used with caution in patients with known porphyria.

In preclinical studies in dogs and rats, but not in monkeys, PROCRIT therapy was associated with subclinical bone marrow fibrosis. Therefore, zidovudine-treated HIV-infected patients should have HCT measured once a week (QW) until HCT has been stabilized, and measured periodically thereafter.

Lack or Loss of Response: If the patient fails to respond or to maintain a response to doses within the recommended dosing range, the following etiologies should be considered and evaluated: 1) Iron deficiency: Virtually all patients will eventually require supplemental iron therapy (see Iron Evaluation). 2) Underlying infectious, inflammatory, or malignant processes. 3) Occult blood loss. 4) Underlying hematologic diseases (ie, thalassemia, refractory anemia, or other myelodysplastic disorders). 5) Vitamin deficiencies: folic acid or vitamin B12. 6) Hemolysis. 7) Aluminum intoxication. 8) Osteitis fibrosa cystica.

In the absence of another etiology, the patient should be evaluated for evidence of PRCA and sera should be tested for the presence of antibodies to recombinant erythropoietins.

Iron Evaluation: During PROCRIT therapy, absolute or functional iron deficiency may develop. Functional iron deficiency, with normal ferritin levels but low transferrin saturation, is presumably due to the inability to mobilize iron stores rapidly enough to support increased erythropoiesis. Transferrin saturation should be at least 20% and ferritin should be at least 100 ng/mL.

Prior to and during PROCRIT therapy, the patient's iron status, including transferrin saturation (serum iron divided by iron binding capacity) and serum ferritin, should be evaluated. Virtually all patients will eventually require supplemental iron to increase or maintain transferrin saturation to levels which will adequately support erythropoiesis stimulated by PROCRIT.

Drug Interactions: No evidence of interaction of PROCRIT with other drugs was observed in the course of clinical trials.

Carcinogenesis, Mutagenesis, and Impairment of Fertility: Carcinogenic potential of PROCRIT has not been evaluated. PROCRIT does not induce bacterial gene mutation (Ames Test), chromosomal aberrations in mammalian cells, micronuclei in mice, or gene mutation at the HGPRT locus. In female rats treated intravenously (IV) with PROCRIT, there was a trend for slightly increased fetal wastage at doses of 100 and 500 U/kg.

Pregnancy Category C: PROCRIT has been shown to have adverse effects in rats when given in doses 5 times the human dose. There are no adequate and well-controlled studies in pregnant women. PROCRIT should be used during pregnancy only if potential benefit justifies the potential risk to the fetus.

In studies in female rats, there were decreases in body weight gain, delays in appearance of abdominal hair, delayed eyelid opening, delayed ossification, and decreases in the number of caudal vertebrae in the F1 fetuses of the 500 U/kg group. In female rats treated IV, there was a trend for slightly increased fetal wastage at doses of 100 and 500 U/kg.

Nursing Mothers: Postnatal observations of the live offspring (F1 generation) of female rats treated with PROCRIT during gestation and lactation revealed decreases in body weight gain, delays in appearance of abdominal hair, eyelid opening, and decreases in the number of caudal vertebrae in the F1 fetuses of the 500 U/kg group. It is not known whether PROCRIT is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when PROCRIT is administered to a nursing woman.

Pediatric Use: See WARNINGS, Pediatric Use.

Pediatric HIV-Infected Patients: Published literature has reported the use of PROCRIT in 20 zidovudine-treated anemic HIV-infected pediatric patients ages 8 months to 17 years, treated with 50 to 400 U/kg subcutaneously (SC) or IV, 2 to 3 times per week (BIW to TIW). Increases in hemoglobin levels and in reticulocyte counts, and decreases in or elimination of blood transfusions were observed.

Hypertension: Exacerbation of hypertension has not been observed in zidovudine-treated HIV-infected patients treated with PROCRIT. However, PROCRIT should be withheld in these patients if pre-existing hypertension is uncontrolled, and should not be started until blood pressure (BP) is controlled. In double-blind studies, a single seizure has been experienced by a patient treated with PROCRIT.

ADVERSE REACTIONS

Immunogenicity

As with all therapeutic proteins, there is the potential for immunogenicity. Cases of antibody-induced PRCA in patients treated with recombinant human erythropoietins have been described in publications.

Very rare occurrences of PRCA and the presence of antibodies with neutralizing activity have been reported since market introduction of PROCRIT in the United States (see WARNINGS: Pure Red Cell Aplasia). Cases have been observed in patients treated by both SC and IV routes of administration. Among reported cases where the route of administration is known, PRCA has been observed more with SC administration than IV administration.

The incidence of antibody formation is highly dependent on the sensitivity and specificity of the assay. Additionally, the observed incidence of antibody positivity in an assay may be influenced by several factors including sample handling, timing of sample collection, concomitant medications, and underlying disease. For these reasons, comparison of the incidence of antibodies to PROCRIT with the incidence of antibodies to other products may be misleading.

Adverse events reported in clinical trials with PROCRIT in zidovudine-treated HIV-infected patients were consistent with the progression of HIV infection. In double-blind, placebo-controlled studies of 3-months duration involving approximately 300 zidovudine-treated HIV-infected patients, adverse events with an incidence of ≥10% in either patients treated with PROCRIT or placebo-treated patients were:

Percent of Patients Reporting Event: Event followed by Patients Treated With PROCRIT (N=144) first, Placebo-Treated Patients (N=153) second:
Pyrexia 38%, 29%; Fatigue 25%, 31%; Headache 19%, 14%; Cough 18%, 14%; Diarrhea 16%, 18%; Rash 16%, 8%; Congestion, Respiratory 15%, 10%; Nausea 15%, 12%; Shortness of Breath 14%, 13%; Asthenia 11%, 14%; Skin Reaction (Administration Site) 10%, 7%; Dizziness 9%, 10%.

There were no statistically significant differences between treatment groups in the incidence of the above events.

In the 297 patients studied, PROCRIT was not associated with significant increases in opportunistic infections or mortality. In 71 patients from this group treated with PROCRIT at 150 U/kg TIW, serum p24 antigen levels did not appear to increase. Preliminary data showed no enhancement of HIV replication in infected cell lines in vitro.

Peripheral white blood cell and platelet counts are unchanged following PROCRIT therapy.

Allergic Reactions: Two zidovudine-treated HIV-infected patients had urticarial reactions within 48 hours of their first exposure to study medication. One patient was treated with PROCRIT and one was treated with placebo (PROCRIT vehicle alone). Both patients had positive immediate skin tests against their study medication with a negative saline control. The basis for this apparent preexisting hypersensitivity to components of the PROCRIT formulation is unknown, but may be related to HIV-induced immunosuppression or prior exposure to blood products.

Seizures: In double-blind and open-label trials of PROCRIT in zidovudine-treated HIV-infected patients, 10 patients have experienced seizures. In general, these seizures appear to be related to underlying pathology such as meningitis or cerebral neoplasms, not PROCRIT therapy.

OVERDOSAGE

The maximum amount of PROCRIT that can be safely administered in single or multiple doses has not been determined. Doses of up to 1500 U/kg TIW for 3 to 4 weeks have been administered to adults without any direct toxic effects of PROCRIT itself. Therapy with PROCRIT can result in polycythemia if the HCT is not carefully monitored and the dose appropriately adjusted. If the suggested target range is exceeded, PROCRIT may be temporarily withheld until the HCT returns to the suggested target range; PROCRIT therapy may then be resumed using a lower dose (see DOSAGE AND ADMINISTRATION). If polycythemia is of concern, phlebotomy may be indicated to decrease the HCT.

DOSAGE AND ADMINISTRATION

Prior to beginning PROCRIT, it is recommended that the endogenous serum erythropoietin level be determined (prior to transfusion). Available evidence suggests that patients receiving zidovudine with endogenous serum erythropoietin levels >500 mU/mL are unlikely to respond to therapy with PROCRIT.

Starting Dose: For adult patients with serum erythropoietin levels ≤500 mU/mL who are receiving a dose of zidovudine ≤4200 mg/week, the recommended starting dose of PROCRIT is 100 U/kg as an IV or SC injection TIW for 8 weeks. For pediatric patients, see PRECAUTIONS, Pediatric Use.

Increase Dose: During the dose adjustment phase of therapy, the HCT should be monitored weekly. If the response is not satisfactory in terms of reducing transfusion requirements or increasing HCT after 8 weeks of therapy, the dose of PROCRIT can be increased by 50-100 U/kg TIW. Response should be evaluated every 4-8 weeks thereafter and the dose adjusted accordingly by 50-100 U/kg increments TIW. If patients have not responded satisfactorily to a PROCRIT dose of 300 U/kg TIW, it is unlikely that they will respond to higher doses of PROCRIT.

Maintenance Dose: After attainment of the desired response (ie, reduced transfusion requirements or increased HCT), the dose of PROCRIT should be titrated to maintain the response based on factors such as variations in zidovudine dose and the presence of intercurrent infectious or inflammatory episodes. If the HCT exceeds 40%, the dose should be discontinued until the HCT drops to 36%. The dose should be reduced by 25% when treatment is resumed and then titrated to maintain the desired HCT.

STORAGE

Store at 2° to 8°C (36° to 46°F). Do not freeze or shake.

Manufactured by: Amgen Inc., U.S. Lic. # 1080, Thousand Oaks, California 91320-1799

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LINGER:
Lust Is Surface by Trish Carter
Foreward and review by Deardria A.E. Nesbitt

It is real or is it Memorex? That's the question young, beautifl and highly independent Brazil "BJ" Jordan has to answer for herself. In her wondrous exploration of lust for her gorgeous companion, Lena Walker, she discovers that miscommunication and a wild imagination leads to her uncertainty. Is her lust for Lena love? Does BJ even know the dfference?

Following in the tradition of other familiar GATe WAY Publishing books, where love and lust are always a confusing potion added to everyday professional lives of African American women, Trish Carter's main characters struggle with a game of cat and mouse not knowing who is the cat or mouse at any given time.

Aggressive or Passive, what time is it, anyway? Neither BJ nor Lena knows. *Linger* is left with heavy speculation and assumptions. Someone has to stop the merry-go-round and unfortunately, Lena stopped, got off, but didn't necessarily go home. But this is when BJ decided to address what was really going on.

Welcome Trish Carter, a fresh new name and as sexy as her characters who twirl you around in a raw tug-o-war sexcapade between two women who think they are the one. Follow her from Linger to her forthcoming novel Linger II Passion is Inside. Trish will surely keep you hangin and wanting more.

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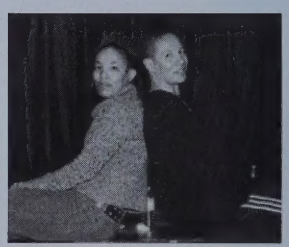


This 14 track CD features mother-daughter team/Sharon Bridgforth and Sonja Perryman blending original music (Amy 1. Vanpatten, Lourdes Perez & Camille Rocha), sung & spoken vocal arrangements; innovating a soulful and poetic word based music driven/story articulating the experiences of lesbian mother-straight daughter/urban raised southern Spirited Black American wy'mn/growing. $15 at www.sharonbridgforth.com.

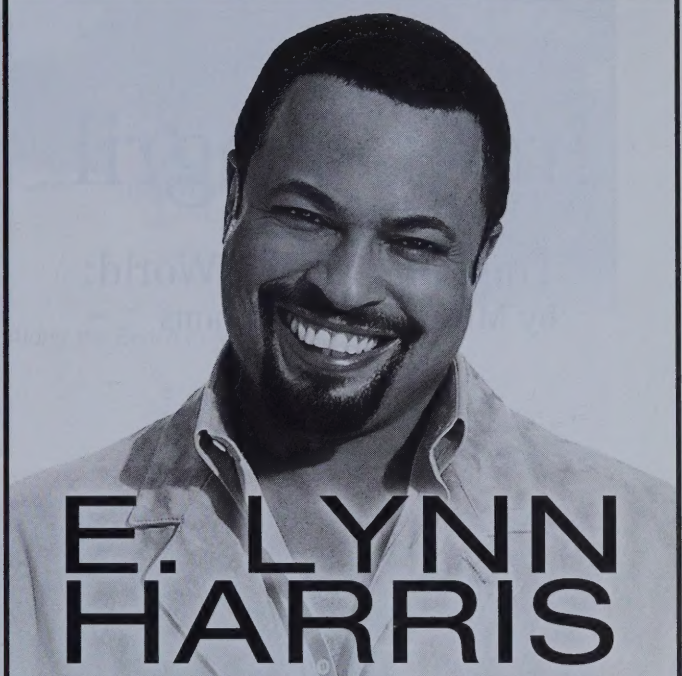
Aretha Franklin is Back on the Top

New album, *SO DAMN HAPPY*, features Mary J. Blige on two songs.

Arista recording artist Aretha Franklin zoomed to #10 on the Billboard Urban AC Monitor with *The Only Thing Missin'*," last summer. The first single from *SO DAMN HAPPY*, her eagerly anticipated new album, announced Antonio "L.A." Reid, President and CEO, Arista Records.

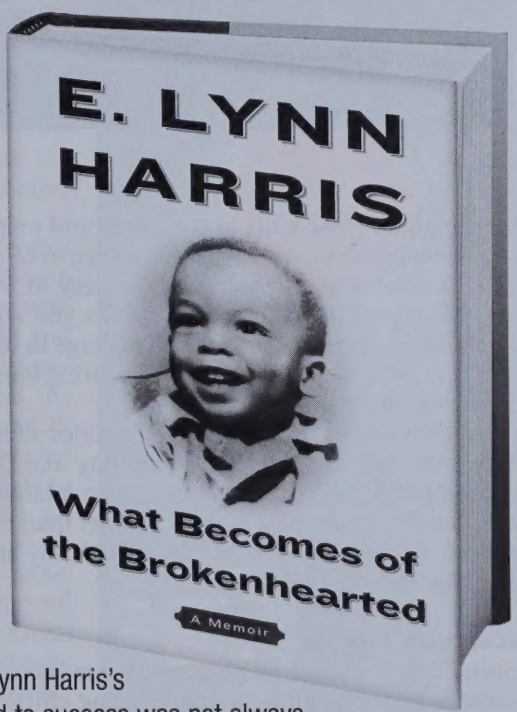
"The Only Thing Missin'" is the opening track on *SO DAMN HAPPY*. It is Aretha's 12th Arista album since 1980, and her first major new release since 1998's *A Rose Is Still A Rose*. That album featured the title tune hit single and its follow-up, "Here We Go Again," and generated nearly a dozen Grammy and NAACP Image Awards nominations in 1999. "The Only Thing Missin'" was produced by Troy Taylor, and co-written by Taylor with Gordon Chambers, Myiia Davis, and Rick Williams.

The *New York Times* bestselling author of *A Love of My Own*



E. LYNN HARRIS

If you think his novels are daring, wait till you read his life story.



E. Lynn Harris's road to success was not always easy, from his tumultuous childhood to his days as a young adult struggling to find his place in the world as a black gay man. But Lynn was fortunate to have some remarkable people in his life whose love and guidance gave him the courage to make his dreams come true.

author photo: ©Matthew Jordan Smith

Doubleday Available wherever books are sold www.elynnharris.com

A Main Selection of Black Expressions and a Featured Selection of Insight Out
Also available on cassette from Random House Audio

Ire in Negril

Traveling In My World:
by Michael Andre Adams

Tie up all loose ends at the office and prepare to sip champagne on Air Jamaica's red eye to Montego Bay. Upon arrival, your shuttle, courtesy of Malcolm of Malcolm's (876/350-1517), awaits you with a smile just outside of baggage claim. With luggage in tow, off you go on a coastal journey to the awe-inspiring land of Negril where everything's ire!

The dozen or so towns and communities along the way include the lush and colorful Sandy Bay and Lucea (pronounced Lucy), which got its name from a larger than life size clock that ended up in Jamaica rather than St. Lucea as intended. At the end of the 90 minutes trek, say hello to paradise. Say hello to Negril!

Exceptional Lodging

Tensing Pen (www.tensingpen.com) is a refined, jungle like habitat graciously poised along winding cliffs. Waves in colors ranging from sea foam to deep blue crash in harmony with the universe against the rocks below. Thatch roof huts, cottages and a house or two provide a modern day example of Gilligan's Island in a setting that's chic and natural.

Each unit has it's own bathroom. Some offer the morning glory of a private outdoor shower in close proximity to your quarters. The windows have no screens or glass to obstruct the picture perfect view of the almighty ocean. Ceiling fans work in harmony with the ocean breeze to comfort. The absence of televisions, telephones and radios, coupled with the presence of a few Jamaican sista's in the community kitchen sending smoke signals in assurance of dinner's delight, Tensing Pen is paradise.

Within walking distance is the notorious Rick's Café. What a great place to sit and sip to the entrancing sounds of live Reggae music at dusk. Divers entertain by plunging from trees 20 feet above into the sea of this cliff-side venue. Locals and tourists from around the globe pack it in at Rick's daily. People like Diana, a resident of nearby Savana La Mar, or "Sav," are there to suggest an experience with Jamaican fast food by way of a patty (chicken, beef or vegetable) from Hammond's Pastry Place (in Sav).

Negril's 109 year-old Lighthouse is a stone's throw from Rick's. The 100 feet tall solar powered facility maintained by Mr. Wilson Johnson remains in operation. Through your hotel a complimentary tour can be arranged.

The Rock House (www.rockhouse.com), a collection of cottages similar to Tensing Pen, rests in a more civilized (by some standards) setting. The cliff-side units are air conditioned and fully enclosed, with CD players and telephones. The full service restaurant and bar's version of Jamaica's national delight, Ackee and Salt Fish (a.k.a. the Jamaican Coat of Arms) for breakfast, was the bomb!

Outdoor Shower Pen

Along the Beach in Negril

The Best Jerk

After a day in the sun with lots of activity, we were starved! So we headed straight for De Bos, a place recommended by four out of five locals as the "best" for Jerk Chicken. Located on the beach along the main drag (Negril Blvd), this once roadside-stand has become Bourbon Beach Restaurant and Hotel.

Owner John Morell explains that Jerk is more than a seasoning. "We do it Boston style, a region on the east of the island (not to be confused with Massachusetts), which is the original. And you have to use sweet wood."

Watching John and Delton prepare the chicken, you can't help but think, wow, that's a lot of work. One taste and you'll thank them from the bottom of your heart for their labor.

Bourbon Beach is also great for live Reggae Mondays, Thursdays and Saturdays. Appleton Rum and Coke flow free till midnight, ladies free till 10 (Mon & Thus). Party over here!

Activities and Attractions

Local vendors align the street between Tensing Pen and the Rock House. Venture on over and meet friendly people like Devon at Sarong's To Go. The fabrics burst with color before your very eyes. Most are reasonably priced.

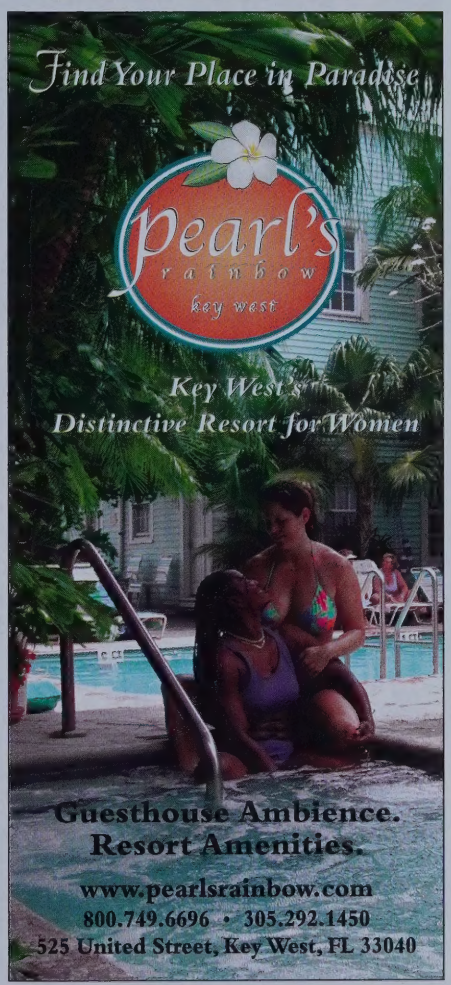
Tourism bears a major impact on Negril's economy. Several craft markets are spread throughout: by the single runway local airport, Vendor's Plaza and Time Square mall on the beach. Be sue to do your part to give back to the universe.

Keeping in mind the ultimate goal to find the best Jerk Chicken in Negril, we set out on a full day excursion with intentions on ending the day fat and happy. Our first stop was the very picturesque Negril Hills Golf Course. At the 18-hole public property we met 29 years old Brian Green, who represented Jamaica in the 2001 Royal Cup held in Malaysia. Brian's been the pro on premises since 1992.

From there we experienced an up close encounter with flora, fauna and the morass (wetlands) at the Royal Palm Reserve (www.royalpalmreserve.com). The morass actually filters the mountain water traveling to sea. It's also the only place in the world where you'll find the Royal Palm tree. Enjoy a guided/self nature walk with sweeping views of a man made lake stocked with Black African Perch, a visit with crocodiles and snakes or in the onsite museum.

Talk About Travel

Here's your chance to speak directly with our travel editor, Michaek A. Adms. Send mail to mediabymichaelandassociates@yahoo.com Share news, request reviews, get information and answers to your specific questions concerning travel and tourism.



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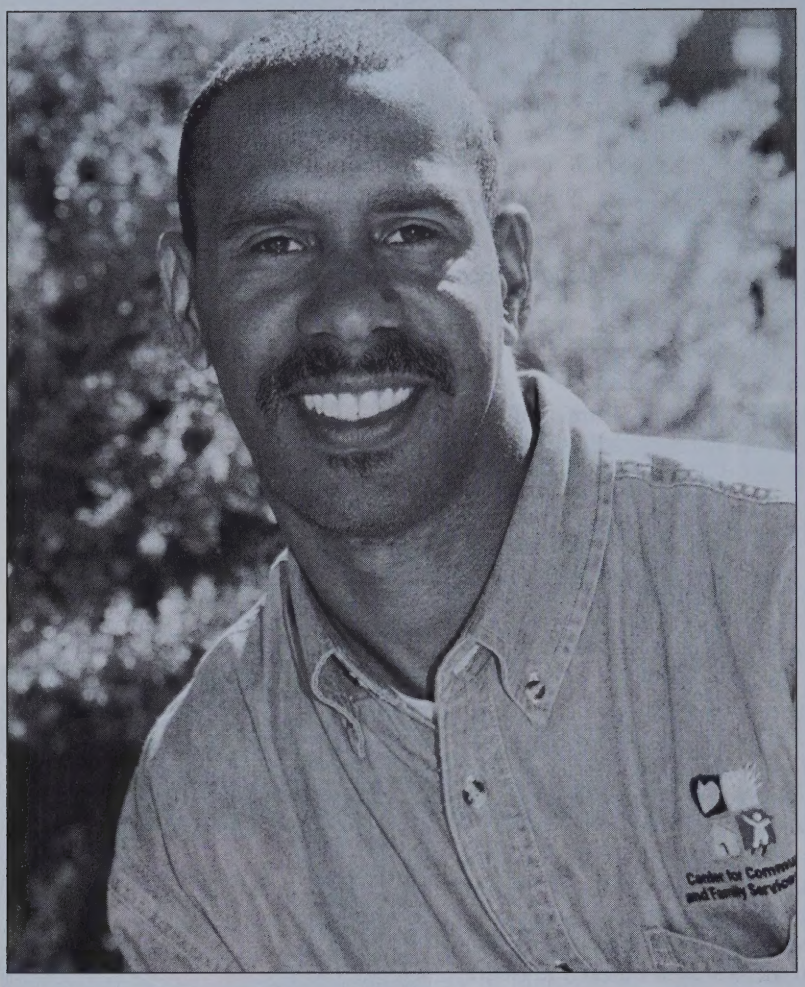

At The Beach Los Angeles Black Pride's (ATB) Founder and President Duane Bremond died in May 2003 in Los Angeles. He is survived by daughter Diandra Simone Bremond, life partner Will Harris, mother Bertha Bremond, brothers Phillip Bremond, Michael Bremond and wife Aleta Gardner-Bremond, and sister Charisse Bremond, special cousin Marian Watts and surrogate mother Florine Hill and a host of family, friends and classmates from Pepperdine University and the ATB family.

Following in the footsteps of his father, community activist Walter Bremond, founder of The Brotherhood Crusade/Black United Fund and mother Bertha Bremond, a retired educator, Duane saw a need for a strong social base in the African-American gay, lesbian, bi-sexual and transgender (GLBT) community and co-founded At The Beach, a Los Angeles Gay Black Pride Festival. For the last fifteen years, ATB has strived to educate the community on the spread of HIV/AIDS, health care, self-esteem, social and economic development.

Duane's many professional affiliations include the Nelson Mandela USA Tour in 1990, the Advisory Board of the Drew University Los Angeles Southwest College Women's Outreach Project, New Frontier Democratic Club, the NAACP, the Band of Men at Ward A.M.E. Church, National Notary Association and Association of Fundraising Professionals. He was also a Communication Specialist in the United States Army.

Duane was the recipient of awards from ATB, Jenesse Center, Inc., Councilman Nate Holden, former Assemblywoman Marguerite Archie-Hudson and Ward A.M.E. Church, where he was active in the theatre and choir. He also worked with the Los Angeles County Commission on HIV & Health Services.

Throughout the years, Duane has sacrificed his life for the community. Under his leadership, ATB has become one of the longest running and most celebrated Black Pride events in the country. ATB Board of Director's is committed to carrying out Duane's vision and dedicated the 15th anniversary of ATB [last July] to his memory.

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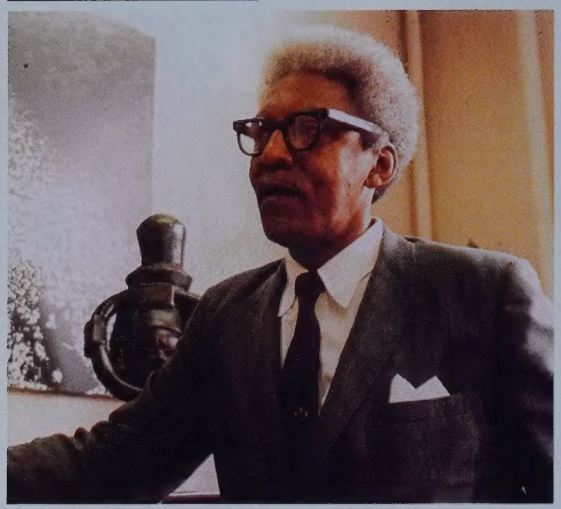
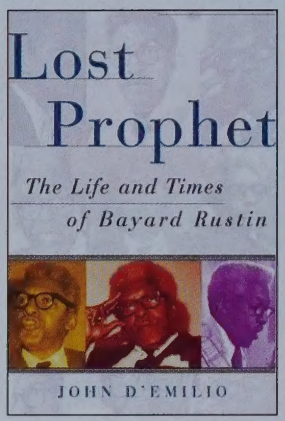
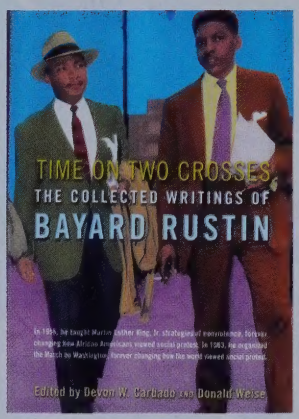


Bayard Rustin 1912-1987

words by Michael K. Watts
image by Carol Friedman

A Civil Rights Trailblazer Finally Gets His Due





Above, Bayard Rustin in his office at the A. Philip Randolph Institute, 1972.

How is it that one of the most key figures in the civil rights movement could be virtually non-existent in the annals of American history? Very easily--he was black and openly gay.

His name was Bayard Rustin, and he is responsible for organizing the historic March on Washington, the largest protest in American history. With this year marking the 40th anniversary of the march (August 28, 1963), Americans are reexamining the events of this historic moment in history, and Rustin is in some ways finally getting his due.

Rustin's got his first taste of politics through the Communist Party in the 1930s. Years later he would study under A. J. Muste's Fellowship of Reconciliation. Rustin was a radical pacifist who went to jail for refusing to serve in World War II in the 1940s. But his career soon became riddled with hurdles brought on by his homosexuality.

A 1953 arrest for lewd, public misconduct virtually destroyed his career and got him banished from the F.O.R. Fading out of the public eye, Rustin immersed himself into the anti-nuclear movement and early civil rights campaigns. In 1956 Rustin met a young Martin Luther King Jr. and counseled him on the methods of Ghandi and non-violent protests just before the Montgomery bus boycott.

n The extreme homophobia of the time made for a thin line upon which Rustin had to balance his homosexuality and the causes he was involved in. His lifestyle became a problem among many of his colleagues in the civil rights movement, namely Congressman Adam Clayton Powell Jr. and ultimately King, as well. Rustin repeatedly withdrew himself from his work in the movement for the 'greater good.' It was not until A. Philip Randolph tapped Rustin to organize the March on Washington that Rustin's work as an organizer and activist began to outshine his personal life.

Still, decades later, Rustin remains virtually unknown by most American citizens, with the exception of those in Rustin's hometown of West Chester, Pennsylvania. The small Philadelphia suburb became embroiled in controversy last year over whether to name a new high school after Rustin. The school district ultimately approved the name, and plans are underway for the school's construction.

Earlier this year, PBS aired a P.O.V. documentary entitled Brother Outsider: The Life of Bayard Rustin which fully examines his 60-year career as an activist and brings his countless contributions to the forefront. Coinciding with the 40th anniversary of the March on Washington, homosexuality historian John D'emilio has published Lost Prophet: The Life and Times of Bayard Rustin. This book culls archival research and interviews with dozens of Rustin's surviving colleagues and loved ones.

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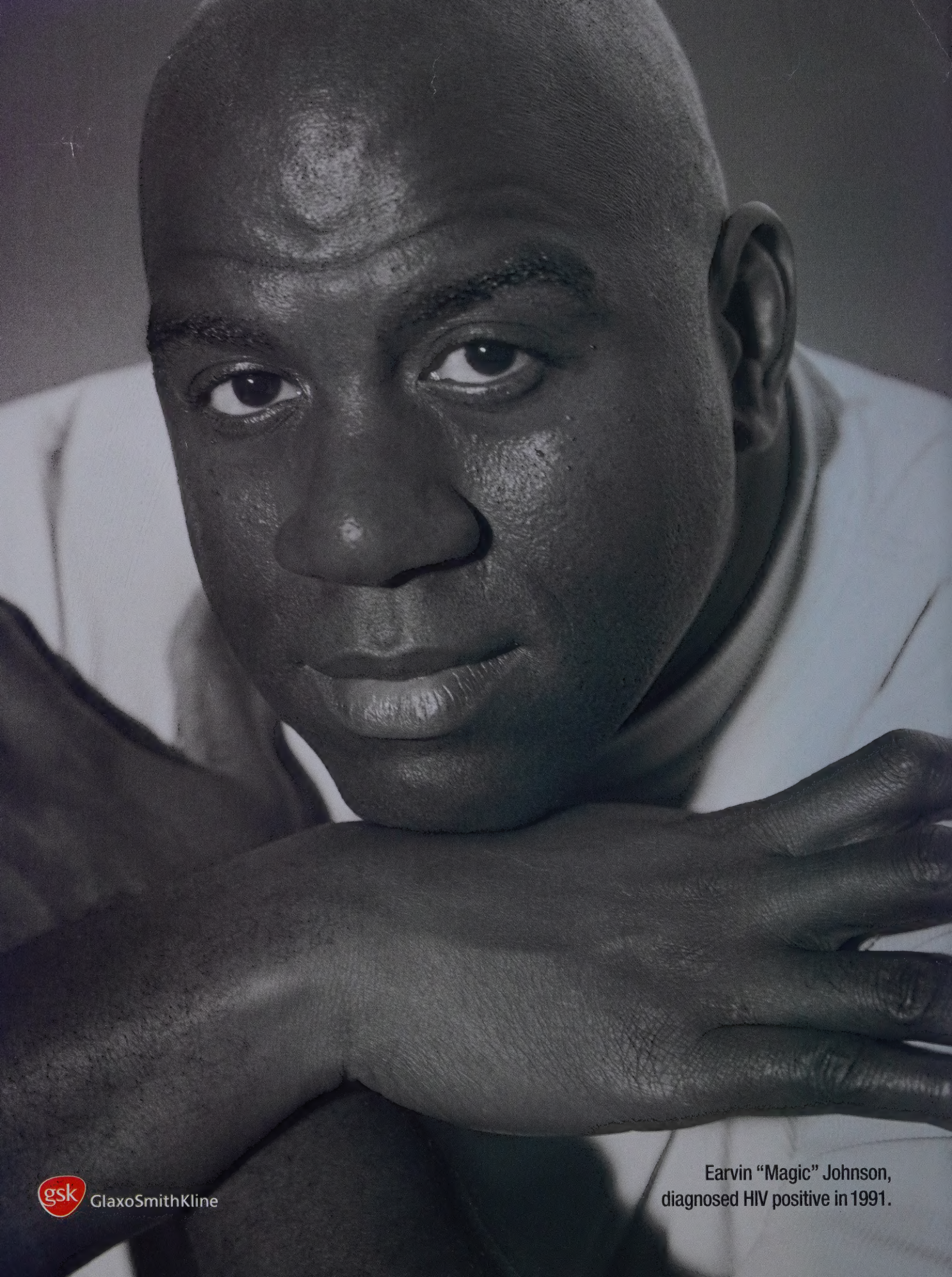
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Please read this information before you start taking COMBIVIR. Staying informed will help you to work more closely with your doctor and healthcare team to determine what is best for you. Remember, this information does not take the place of careful discussion with your doctor. You should remain under a doctor's care when using COMBIVIR and should not change or stop treatment without first talking with your doctor.

What is COMBIVIR?

COMBIVIR is the brand name of a tablet that combines EPIVIR® Tablets (lamivudine tablets) [3TC®] and RETROVIR® (zidovudine) Tablets [ZDV], two drugs which are used to treat HIV (human immunodeficiency virus). HIV is the virus that causes AIDS (acquired immune deficiency syndrome).

How does COMBIVIR work?

COMBIVIR is a combination of lamivudine (la-MIV-u-deen) and zidovudine (Zi-DOHV-u-deen), two medicines (nucleoside analogues) that slow down the replication of the HIV virus. This can reduce the virus' ability to infect new cells. It may help lower the amount of HIV in your body (called "viral load") and raise your CD4 (T) cell count. Lamivudine plus zidovudine when used together can have stronger (synergistic) effects against the virus. COMBIVIR is a convenient way of taking lamivudine and zidovudine. COMBIVIR should usually be taken with other anti-HIV therapy.

Will COMBIVIR work the same as EPIVIR and RETROVIR taken together?

Taking one COMBIVIR Tablet twice a day is the same as taking one EPIVIR 150 mg Tablet twice a day and either two RETROVIR 100 mg Capsules three times a day or one RETROVIR 300 mg Tablet twice a day.

How should I take COMBIVIR?

Take COMBIVIR as your doctor prescribes it. The recommended dose is one COMBIVIR Tablet orally two times a day, with or without food. To help make sure you will benefit from COMBIVIR, you must not skip doses or take "drug holidays."

What should I do if I miss a dose of COMBIVIR?

If you miss a dose by more than 4 hours, wait and then take the next dose at the regularly scheduled time. However, if you miss a dose by less than 4 hours, take your missed dose immediately. Then take your next dose at the regularly scheduled time. Do not take more or less than your prescribed dose of COMBIVIR at any one time.

Does COMBIVIR cure HIV infection or AIDS?

No, there is not a cure for HIV infection or AIDS. People taking COMBIVIR may still develop infections or other illnesses associated with HIV. Because of this, it is very important to remain under the care of a healthcare provider. Use of lamivudine plus zidovudine has been shown to help patients with HIV infection stay healthy and live longer.

Does COMBIVIR reduce the risk of passing HIV to others?

No, COMBIVIR, as well as other HIV medications, has not been shown to reduce the risk of passing HIV to others through sexual contact or blood contamination.

Who should not take COMBIVIR?

You should not take COMBIVIR if you have had a serious allergic reaction to either lamivudine (also known as EPIVIR or 3TC) or zidovudine (also known as RETROVIR or ZDV).

Do not take COMBIVIR at the same time as EPIVIR or RETROVIR, or TRIZIVIR® (abacavir sulfate/lamivudine/zidovudine), because they also contain lamivudine and zidovudine.

Individual dosing with EPIVIR plus RETROVIR, rather than COMBIVIR, should be considered for:

- A child under 12 years of age.
- Anyone who requires dosage adjustments due to drug side effects or poor kidney function.

If you are 65 years of age or over, consult your healthcare professional about the functioning of your liver, kidneys, and heart; about other illnesses you may suffer from, and about any other medications you may be taking. It is possible that the dosage may need to be modified.

What medical problems or conditions should I discuss with my healthcare provider?

Talk to your healthcare provider if:

- You are pregnant or if you become pregnant while taking COMBIVIR. Ask your doctor about enrolling you in the Antiretroviral Pregnancy Registry: 1-800-258-4263.
- You are breast-feeding. Mothers infected with HIV should not breast-feed their infants because HIV is present in breast milk.

Also talk to your doctor about:

- Problems with your blood counts.
- Problems with your muscles.
- Problems with your kidneys.
- Problems with your liver, especially if you have mild or moderate liver disease, such as hepatitis.

Can COMBIVIR be taken with other medications?

Yes. COMBIVIR can be taken with most other medications, including most anti-HIV drugs. Be sure to tell your doctor about all medications, over-the-counter or prescription, that you are taking.

What are the possible side effects of COMBIVIR?

Do not rely on this summary alone for information about side effects. Your healthcare provider can discuss with you a more complete list of side effects that may be relevant to you.

The safety of COMBIVIR is not expected to be different from the safety of EPIVIR and RETROVIR given separately.

In clinical studies of lamivudine plus zidovudine, side effects occurring in 5% or more of patients included: muscle and joint pain, headache, nausea, weakness and fatigue, nasal symptoms, cough, diarrhea, nausea and vomiting, neuropathy, trouble sleeping, fever or chills, loss of appetite, dizziness, abdominal pain or cramps, depression, skin rashes, and indigestion.

It's important to know that serious side effects can occur with COMBIVIR, such as a decrease in red and white blood cells and muscle damage. A buildup of lactic acid and an enlarged liver, including fatal cases, have been reported rarely with some HIV drugs, including nucleoside analogues.

For HIV-infected individuals, periodic blood tests are recommended. If certain changes occur in your laboratory results while you are taking COMBIVIR, particularly if you become anemic or if your white blood cell count falls too low, your medication may need to be adjusted; your doctor may prescribe EPIVIR plus RETROVIR separately in place of COMBIVIR.

Tell your doctor promptly about any side effects or other unusual symptoms you may experience. Although it may make you healthier, COMBIVIR does not cure HIV.

Safety Information

Make sure to see your doctor regularly, because serious side effects can occur, such as muscle damage and a decrease in red and white blood cells. A buildup of acid in the blood, and an enlarged liver, including fatal cases, have been seen. The most frequent side effects are headache, upset stomach, malaise or fatigue, and runny nose.

Other Information

This medication is prescribed for a particular condition. Do not use it for any other condition or give it to anybody else. Keep COMBIVIR and all medicines out of the reach of children.

Like most prescription drugs, lamivudine and zidovudine were required to be tested on animals before they were allowed for human use. In animal studies with doses much higher than those used in humans, zidovudine was associated with vaginal tumors. Your healthcare provider can tell you more about how drugs are tested on animals and what the results of these tests may mean about safety for you.

How should I store COMBIVIR Tablets?

COMBIVIR Tablets may be stored at room temperature and do not require refrigeration.

GlaxoSmithKline
GlaxoSmithKline
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This provides a summary of information about COMBIVIR. If you have any questions or concerns about COMBIVIR or HIV, talk to your healthcare provider.

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Black parents talk with-not at-your children. Encourage their critical thinking capacity. Black children talk with-not at-your parents. Encourage their critical thinking capacity.

Exercise daily, drink plenty of water, and eat nutritious foods (fresh vegetables, low fat meats, minimal dairy products and sugar) during the week. Splurge, if you must, on weekends.

Be courageous, improve your life and seek wellness assistance. If you have food, sex, drama (fussing, fighting, violence) or substance use addictions, don't play yourself. Seek change.

If you are heterosexual, homosexual, bisexual and sexually active use protection (a fresh condom and water based lubricant). We live in the age of HIV, and for "us" it's growing. Yet it's 100% preventable.

If you already know you've been sexually active and unprotected – get a confidential HIV test and counseling.

Every time you pass a Brother or Sister in the street, even if they are homeless, speak. It won't cost you a thing.

Unlearn anti-Black thinking. Start with erasing the "N" word from your vocabulary. We are the descendants of enslaved Africans systematically turned against each other. We must actively counter this by affirming one another, even when doing so is a challenge.

If you are self-destructing -- overeating, oversexing, possibly depressed (listen up Brothers), or having a difficult time sustaining relationships, being a decent person or a good role model to children -- seek help. Doing so is a sign of strength, not weakness.

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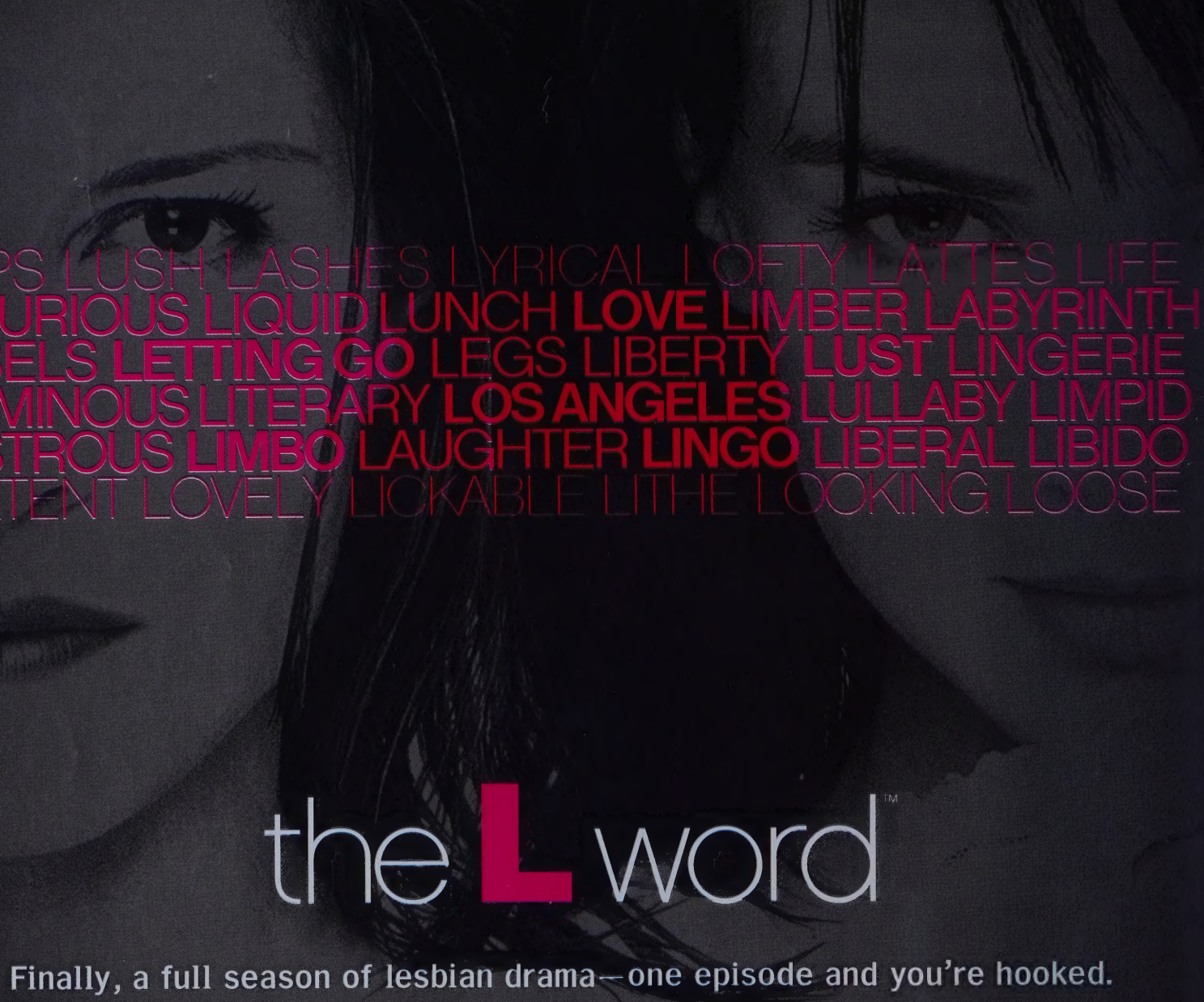
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TV MA

Volume 9 Number 4, 2003

features

22 **Pam Puckers Up**

Peaceful moments like these don't come very often for Grier. Lately she's been quite busy with television and film projects, including her new series, *The L Word*, which brings her breast-to-breast with a flock of lipstick lesbians. Premiering in January on Showtime, the one-hour dramatic series is a perky depiction of lesbian culture with an often risqué sensibility.

14 **Rosey's Taboo**

O'Donnell is one of the producers of *Taboo*, the musical story of that by-gone era of the wild and often raunchy club scene in London in the early 80s. It's also the story of Boy George's rise to fame from that bizarre scene, his fall out of the limelight, and his years-long addiction to heroin. O'Donnell saw the musical at London's The Venue theatre. She fell in love with the show and reportedly plunked down $10 million to bring the musical to Broadway.

37 **What Black Gay *Community*?**

"In fact, another gay African-American male told me I should consider socializing with and dating white or Asian men, because most gay African-Americans are complicit in their self-oppressed state and refuse to open their minds to something other than stereotypes."

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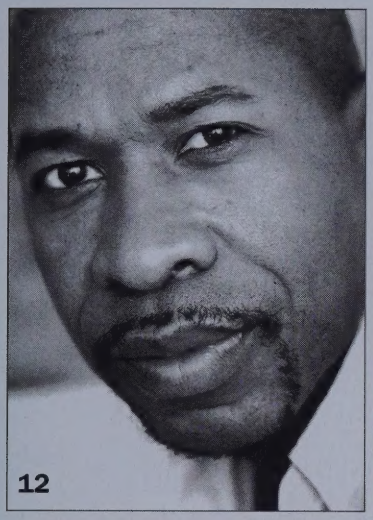

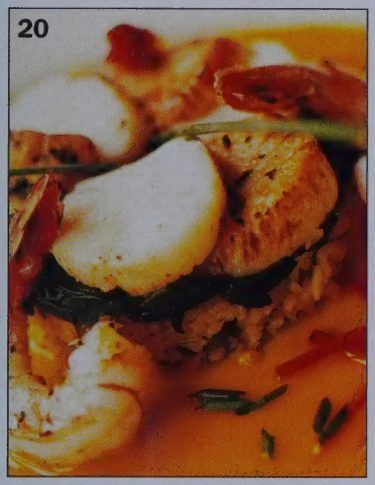

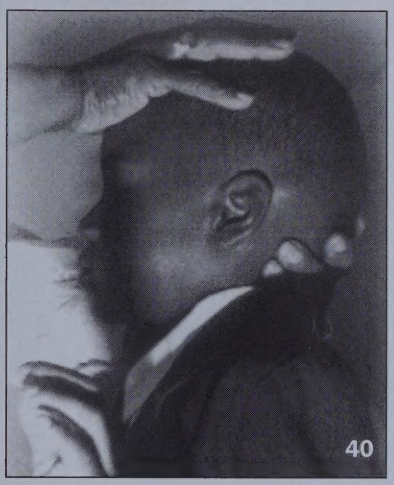

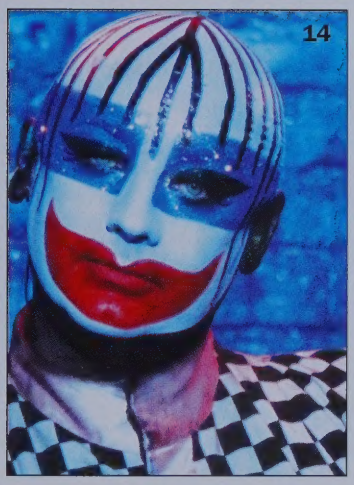

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These Secret travel suites are so sweet, we won't tell just anyone about them. But if you really want to know, simply email our Travel Editor and ask for their locations. You can also ask about other destinations you'd like him to explore.

50 Legendary
She made her first stage appearance at 8 in Williams and Walker's "Sons of Ham" in Washington, billed as Baby Florence Mills and sang "Miss Hannah from Savannah," a song she learned from Aida Overton Walker.

VENUS

Publisher/Editor-in-Chief CHARLENE COTHRAN
Assistant to Publisher Kevin Chamberlain

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Copy Editor *C. E. Cothran*

Contributing Writer *Michael A. Adams, Carter Kason, Sanford E. Gaylord, Blair Robert, Michael K. Watts*

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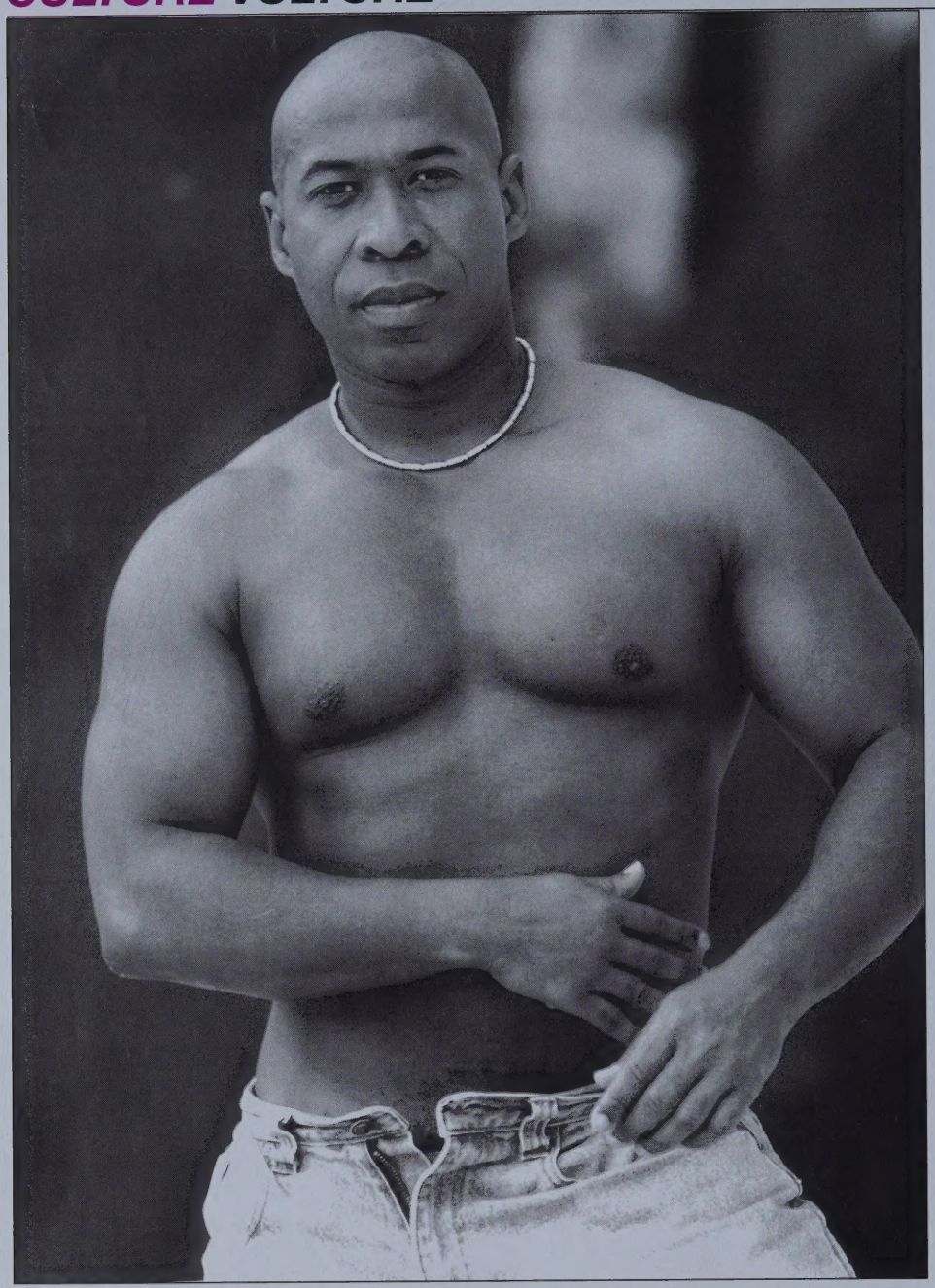

1. trey wilson gives stage directions

At first glance of a description of the new play Stage Directions, you might think there are some things in common with the John Guare play and 1993 movie Six Degrees of Separation. After all, there are some similar themes. Stage Directions is set at the rehearsal of a play that calls for a stage kiss between two black men. As tension erupts between the two actors, one straight and one gay, the straight director and gay playwright are also drawn in.

In the movie Six Degrees, the main character, based on a real person, spends several years in high society New York running various identity scams on rich people. The gay main character was portrayed by Will Smith, and in real life, Smith was reluctant to kiss costar Anthony Michael Hall, and the scene was shot with a stage kiss.

L. Trey Wilson, Stage Directions' the writer and director, says Stage Directions has some elements of Smith's actions in it, but that the incident illuminates many different issues, not just the tensions between the gay and straight characters. "What the play is mostly about is self-acceptance and identity and how we choose our identity, and once we have chosen that identity, what does that mean? Does it alter how we act, or how we relate to others?"

Stage Directions opens in Los Angeles Jan. 24. It will be the third gay-themed play in a row presented by Ensemble Studio Theatre – the L.A. Project, which, incidentally, is not a gay-themed company.

Wilson is a native of Chicago who now lives in Los Angeles. He considers himself an actor first and foremost, and then a playwright. Nevertheless, Wilson has written four plays. His first play, Three Part Disharmony, came as a result of a bad experience he had at the hands of police in his hometown.

Wilson had been stopped by police several times. The last time he was stopped, he said, he was taken into custody and charged with disorderly conduct, a charge generically slapped on when cops find nothing wrong. After the case was thrown out, he began writing about his experiences, culminating in a one-act play about three men of color and their responses to being stopped by police. "To my surprise and good fortune, I had found another creative outlet for myself. It was a means of exorcising and transforming something negative into something positive."

Wilson later moved to New York, and then to Los Angeles, so he could further his acting career. The mental genesis for Stage Directions came from work a friend was doing in New York. "I was supposed to be in this play – there were two characters, two black men sitting in a bar. They were lovers on the DL. One was ready to bring it out into the open. First the guy kisses his lover in the mouth, then he shoots him." Wilson saw the play and noticed that the two men did not really kiss. "My friend told me that one actor did not feel comfortable with the kiss."

Stage Directions, said Wilson, is a continuation of these conflicts, sort of a play within a play. "It's an interesting situation, how artists negotiate something in the midst of creating a piece. I've always been curious about how people who have artistic natures come together to collaborate, what happens in the process, what gets gained and lost."

Wilson said he had acted earlier in a stage version of Six Degrees, and that his memories of the play and the Will Smith film incident had informed his writing. "It helped give me arguments and credence to the straight character in the play – to give him legitimate reasons for his discomfort. When I write plays, I do not believe in life as showing any character as all good and all bad. I did not want him to be the villain or the 'wrong' person."

"When I write plays, I do not believe in life as showing any character as all good and all bad. I did not want him to be the villain or the 'wrong' person."

The author also wants to point out that not everyone who shares the same identity – black, white, straight, gay, etc. – sees the world in the same way. "Once we have chosen an identity and decided what that looks like, what happens when someone who has chosen the same identity says it looks like something else? That is an issue confronting the two gay characters. It is, in many ways, similar to the idea of what it is to be black. These are men, they are men of color, and they are artists, but the questions they explore are very universal. How do we negotiate who I am and what I want with who you are and what you want? This is something we all face.

PREVIEWS:
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Fridays January 16 & 23 at 8:00 pm
Saturday January 17 at 8:00 pm
Sunday January 18 at 3:00 pm

OPENS:
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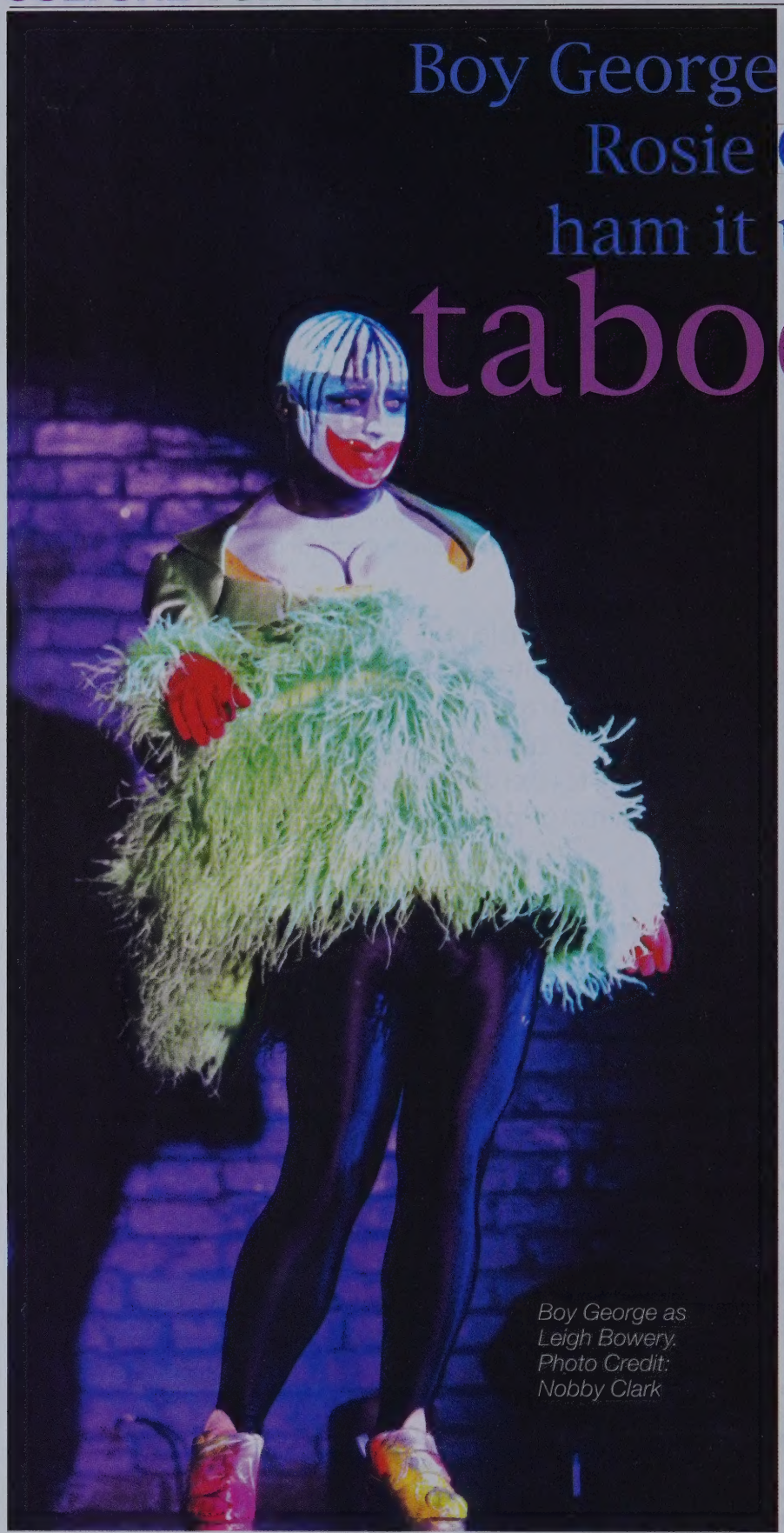
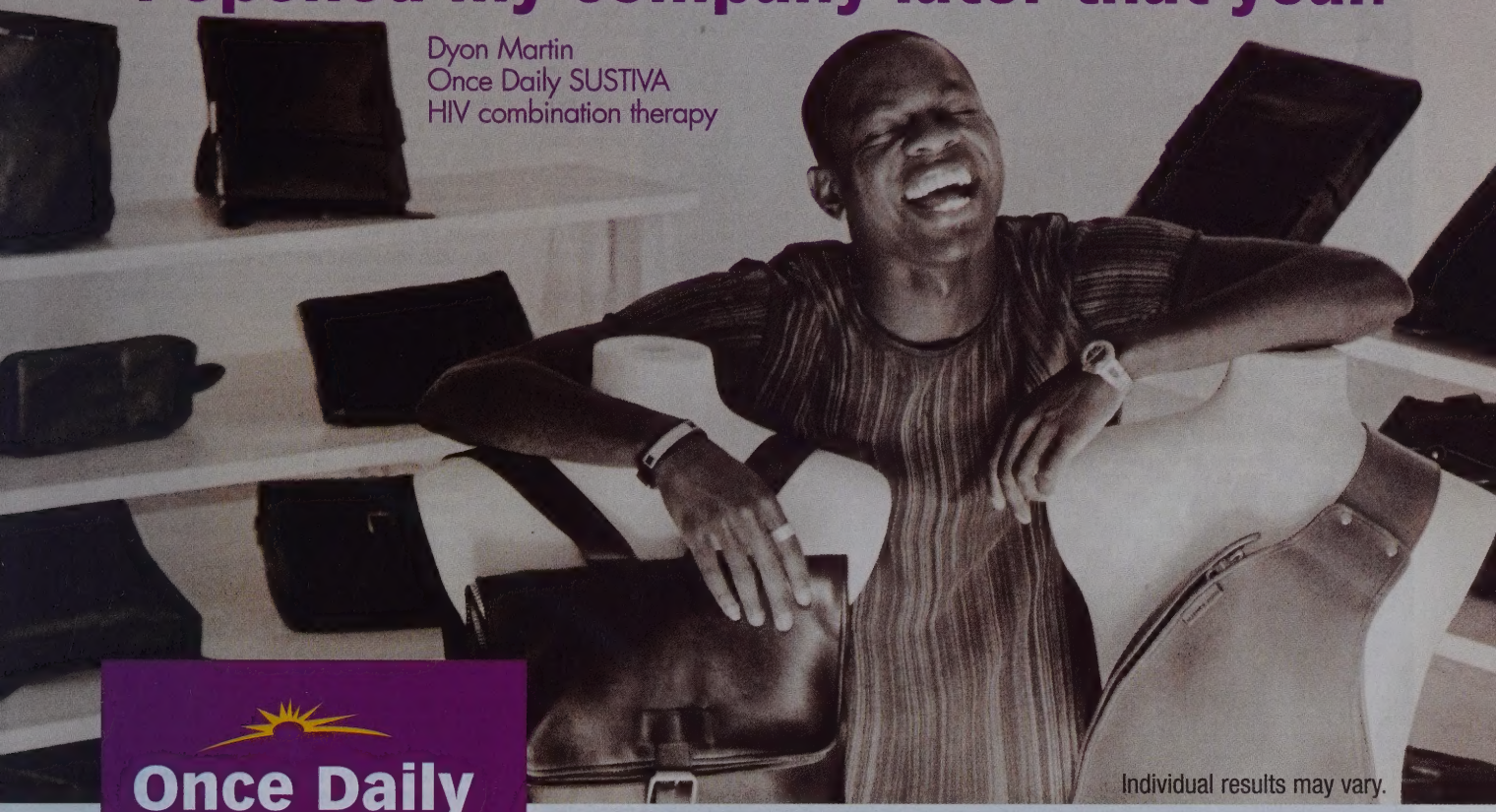
Boy George & Rosie O'Donnell ham it up for taboo



Boy George as Leigh Bowery. Photo Credit: Nobby Clark

Comedienne and talk show host Rosie O'Donnell steps out of her limo in front of New York's Plymouth Theatre, greets fans and fields questions tossed from bright lights and swarming video cameras. No, it's not opening night of her brand new Broadway musical Taboo, the story of Boy George. It's actually the night before opening night, and O'Donnell is hamming it up to the cameras for a documentary being produced on the highly anticipated musical.

"I started Sustiva in '98. I opened my company later that year."



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SUSTIVA (efavirenz) in combination with other antiretroviral agents is indicated for the treatment of HIV-1 infection.

Safety Information: Many patients have dizziness, trouble sleeping, drowsiness, trouble concentrating, and/or unusual dreams. These feelings tend to go away after taking the medication for a few weeks. A small number of patients have reported severe depression, strange thoughts, or angry behavior. There have been a few reports of suicide but SUSTIVA has not been established as the cause. One of the most common side effects is rash which is usually mild and goes away in a few weeks. SUSTIVA should not be taken with Hismanal® (astemizole), Propulsid® (cisapride), Versed® (midazolam), Halcion® (triazolam), or ergot derivatives. Tell your doctor about any medications or herbal products (particularly St. John's wort) that you are taking. Women should not become pregnant or breast-feed while taking SUSTIVA.

Changes in body fat have been seen in some patients taking antiretroviral therapy. The cause and long-term effects are not known at this time.

SUSTIVA does not cure HIV or prevent passing HIV to others.

It is recommended that SUSTIVA be taken on an empty stomach, preferably at bedtime. The increased efavirenz concentrations observed following administration of SUSTIVA with food may lead to an increase in frequency of adverse events. Dosing at bedtime may improve the tolerability of nervous system symptoms.

Visit www.sustiva.com

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Once Daily
SUSTIVA®
(efavirenz)

BMS Virology™
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Please see reference and important information about SUSTIVA on the next page.

Ask your doctor if Once Daily SUSTIVA is right for you.

℞ ONLY

PATIENT INFORMATION

SUSTIVA® (sus-TEE-vah) [efavirenz (eh-FAH-vih-rehnz)] capsules and tablets

ALERT: Find out about medicines that should NOT be taken with SUSTIVA.

Please also read the section **"MEDICINES YOU SHOULD NOT TAKE WITH SUSTIVA."**

Read this information before you start taking SUSTIVA (efavirenz). Read it again each time you refill your prescription, in case there is any new information. This leaflet provides a summary about SUSTIVA and does not include everything there is to know about your medicine. This information is not meant to take the place of talking with your doctor.

What is SUSTIVA?
SUSTIVA is a medicine used in combination with other medicines to help treat infection with Human Immunodeficiency Virus (HIV), the virus that causes AIDS (acquired immune deficiency syndrome). SUSTIVA is a type of anti-HIV drug called a "non-nucleoside reverse transcriptase inhibitor" (NNRTI).

SUSTIVA works by lowering the amount of HIV in the blood (viral load). SUSTIVA must be taken with other anti-HIV medicines. When taken with other anti-HIV medicines, SUSTIVA has been shown to reduce viral load and increase the number of CD4 cells, a type of immune cell in blood. SUSTIVA may not have these effects in every patient.

SUSTIVA does not cure HIV or AIDS. People taking SUSTIVA may still develop other infections and complications. Therefore, it is very important that you stay under the care of your doctor.

SUSTIVA has not been shown to reduce the risk of passing HIV to others. Therefore, continue to practice safe sex, and do not use or share dirty needles.

What are the possible side effects of SUSTIVA?
Serious psychiatric problems. A small number of patients experience severe depression, strange thoughts, or angry behavior while taking SUSTIVA. Some patients have thoughts of suicide and a few have actually committed suicide. These problems tend to occur more often in patients who have had mental illness. Contact your doctor right away if you think you are having these psychiatric symptoms, so your doctor can decide if you should continue to take SUSTIVA.

Common side effects. Many patients have dizziness, trouble sleeping, drowsiness, trouble concentrating, and/or unusual dreams during treatment with SUSTIVA. These side effects may be reduced if you take SUSTIVA at bedtime on an empty stomach. They also tend to go away after you have taken the medicine for a few weeks. If you have these common side effects, such as dizziness, it does not mean that you will also have serious psychiatric problems, such as severe depression, strange thoughts, or angry behavior. Tell your doctor right away if any of these side effects continue or if they bother you. It is possible that these symptoms may be more severe if SUSTIVA is used with alcohol or mood altering (street) drugs.

If you are dizzy, have trouble concentrating, or are drowsy, avoid activities that may be dangerous, such as driving or operating machinery.

Rash is common. Rashes usually go away without any change in treatment. In a small number of patients, rash may be serious. If you develop a rash, call your doctor right away. **Rash may be a serious problem in some children.** Tell your child's doctor right away if you notice rash or any other side effects while your child is taking SUSTIVA.

Other common side effects include tiredness, upset stomach, vomiting, and diarrhea.

Changes in body fat. Changes in body fat develop in some patients taking anti-HIV medicine. These changes may include an increased amount of fat in the upper back and neck ("buffalo hump"), in the breasts, and around the trunk. Loss of fat from the legs, arms, and face may also happen. The cause and long-term health effects of these fat changes are not known.

Tell your doctor or healthcare provider if you notice any side effects while taking SUSTIVA.

Contact your doctor before stopping SUSTIVA because of side effects or for any other reason.

This is not a complete list of side effects possible with SUSTIVA. Ask your doctor or pharmacist for a more complete list of side effects of SUSTIVA and all the medicines you will take.

How should I take SUSTIVA (efavirenz)?
General Information
- You should take SUSTIVA on an empty stomach, preferably at bedtime.
- Swallow SUSTIVA with water.
- Taking SUSTIVA (efavirenz) with food increases the amount of medicine in your body, which may increase the frequency of side effects.
- Taking SUSTIVA at bedtime may make some side effects less bothersome.
- SUSTIVA must be taken in combination with other anti-HIV medicines. If you take only SUSTIVA, the medicine may stop working.
- Do not miss a dose of SUSTIVA. If you forget to take SUSTIVA, take the missed dose right away, unless it is almost time for your next dose. Do not double the next dose. Carry on with your regular dosing schedule. If you need help in planning the best times to take your medicine, ask your doctor or pharmacist.
- Take the exact amount of SUSTIVA your doctor prescribes. Never change the dose on your own. Do not stop this medicine unless your doctor tells you to stop.
- If you believe you took more than the prescribed amount of SUSTIVA, contact your local Poison Control Center or emergency room right away.
- Tell your doctor if you start any new medicine or change how you take old ones. Your doses may need adjustment.
- When your SUSTIVA supply starts to run low, get more from your doctor or pharmacy. This is very important because the amount of virus in your blood may increase if the medicine is stopped for even a short time. The virus may develop resistance to SUSTIVA and become harder to treat.
- Your doctor may want to do blood tests to check for certain side effects while you take SUSTIVA.

Capsules
- The dose of SUSTIVA capsules for adults is 600 mg (three 200 mg capsules, taken together) once a day by mouth. The dose of SUSTIVA for children may be lower (see **Can children take SUSTIVA?**).

Tablets
- The dose of SUSTIVA tablets for adults is 600 mg (one tablet) once a day by mouth.

Can children take SUSTIVA?
Yes, children who are able to swallow capsules can take SUSTIVA. Rash may be a serious problem in some children. Tell your child's doctor right away if you notice rash or any other side effects while your child is taking SUSTIVA. The dose of SUSTIVA for children may be lower than the dose for adults. Capsules containing lower doses of SUSTIVA are available. Your child's doctor will determine the right dose based on your child's weight.

Who should not take SUSTIVA?
Do not take SUSTIVA if you are allergic to the active ingredient, efavirenz, or to any of the inactive ingredients. Your doctor and pharmacist have a list of the inactive ingredients.

What should I avoid while taking SUSTIVA?
- **Women taking SUSTIVA should not become pregnant.** Serious birth defects have been seen in animals treated with SUSTIVA. It is not known whether this could happen in humans. **Tell your doctor right away if you are pregnant.** Also talk with your doctor if you want to become pregnant.
- Women should not rely only on hormone-based birth control, such as pills, injections, or implants, because SUSTIVA may make these contraceptives ineffective. Women must use a reliable form of barrier contraception, such as a condom or diaphragm, even if they also use other methods of birth control.
- **Do not breast-feed if you are taking SUSTIVA.** The Centers for Disease Control and Prevention recommend that mothers with HIV not breast-feed because they can pass the HIV through their milk to the baby. Also, SUSTIVA may pass through breast milk and cause serious harm to the baby. Talk with your doctor if you are breast-feeding. You may need to stop breast-feeding or use a different medicine.
- Taking SUSTIVA with alcohol or other medicines causing similar side effects as SUSTIVA, such as drowsiness, may increase those side effects.
- Do not take any other medicines without checking with your doctor. These medicines include prescription and nonprescription medicines and herbal products, especially St. John's wort.

Before using SUSTIVA, tell your doctor if you
- **have problems with your liver or have hepatitis.** Your doctor may want to do tests to check your liver while you take SUSTIVA.
- **have ever had mental illness or are using drugs or alcohol.**
- **have ever had seizures or are taking medicine for seizures** [for example, Dilantin® (phenytoin), Tegretol® (carbamazepine), or phenobarbital]. Your doctor may want to check drug levels in your blood from time to time.

What important information should I know about taking other medicines with SUSTIVA?
SUSTIVA may change the effect of other medicines, including ones for HIV, and cause serious side effects. Your doctor may change your other medicines or change their doses. Other medicines, including herbal products, may affect SUSTIVA. For this reason, **it is very important to:**
- let all your doctors and pharmacists know that you take SUSTIVA (efavirenz).
- tell your doctors and pharmacists about all medicines you take. This includes those you buy over-the-counter and herbal or natural remedies.

Bring all your prescription and nonprescription medicines as well as any herbal remedies that you are taking when you see a doctor, or make a list of their names, how much you take, and how often you take them. This will give your doctor a complete picture of the medicines you use. Then he or she can decide the best approach for your situation.

Taking SUSTIVA with St. John's wort *(hypericum perforatum)*, an herbal product sold as a dietary supplement, or products containing St. John's wort is not recommended. Talk with your doctor if you are taking or are planning to take St. John's wort. Taking St. John's wort may decrease SUSTIVA levels and lead to increased viral load and possible resistance to SUSTIVA or cross-resistance to other anti-HIV drugs.

MEDICINES YOU SHOULD NOT TAKE WITH SUSTIVA
The following medicines may cause serious and life-threatening side effects when taken with SUSTIVA. You should not take any of these medicines while taking SUSTIVA:
- Hismanal® (astemizole)
- Propulsid® (cisapride)
- Versed® (midazolam)
- Halcion® (triazolam)
- Ergot medications (for example, Wigraine® and Cafergot®)

The following medicines may need to be replaced with another medicine when taken with SUSTIVA:
- Fortovase®, Invirase® (saquinavir)
- Biaxin® (clarithromycin)

The following medicines may need to have their dose changed when taken with SUSTIVA:
- Crixivan® (indinavir)
- Mycobutin® (rifabutin)
- Methadone

These are not all the medicines that may cause problems if you take SUSTIVA. Be sure to tell your doctor about all medicines that you take.

General advice about SUSTIVA:
Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. Do not use SUSTIVA for a condition for which it was not prescribed. Do not give SUSTIVA to other people, even if they have the same symptoms you have. It may harm them.

Keep SUSTIVA at room temperature (77°F) in the bottle given to you by your pharmacist. The temperature can range from 59° to 86°F.

Keep SUSTIVA out of the reach of children.

This leaflet summarizes the most important information about SUSTIVA. If you would like more information, talk with your doctor. You can ask your pharmacist or doctor for the full prescribing information about SUSTIVA, or you can visit the SUSTIVA website at http://www.sustiva.com or call 1-800-426-7644.

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T4-B001B
51-022486-00
Revised April 2003

1. Arribas J, Staszewski S, Nelson M, et al. Three-year durability of response with an efavirenz (EFV)-containing regimen: 144-week follow-up from study 006. Presented at the 11th European Congress of Clinical Microbiology and Infectious Disease, Istanbul, Turkey, April 1-4, 2001.

Euan Morton (left) as George O'Dowd and Boy George (right) as Leigh Bowery. Photo Credit: Nobby Clark

Moments later, she's greeted with cheers and whistles from the capacity crowd as she walks down the aisle to her seat. Soon, it becomes clear why she's so excited to be here. O'Donnell is one of the producers of Taboo, the musical story of that by-gone era of the wild and often raunchy club scene in London in the early 80s. It's also the story of Boy George's rise to fame from that bizarre scene, his fall out of the limelight, and his years-long addiction to heroin. O'Donnell saw the musical at London's The Venue theatre during its 15-month debut run which ended last April. She fell in love with the show and reportedly plunked down $10 million to bring the musical to Broadway.

Fresh & Fruity

Sometimes, you can't get to the shower or bath when you need to. Now there's an alternative. All-natural Pleasure Wipes are a good choice when (or after) being romantic or at the gym. They're alcohol-free, larger and softer than other wipes and soothe your skin with vitamin E, aloe and water. They're available in mango and vanilla scents. Check them out online at *www.pleasurewipes.com.*

Plagued by a series of bad press in October, Taboo emerged as the new stepchild on Broadway. Just as previews were starting for the musical, O'Donnell was in court battling a lawsuit by the publisher of her now defunct magazine Rosie. The negative press she received by allegations that Boy George turned her "suburban" disposition into that of "bitch" only made her new Broadway venture a target for criticism. The truth is, the musical is not half as bad (at this point, at least) as these early reports from pre-opening previews had indicated.

George O'Dowd, better known as Boy George, stars in the production but does not play himself. Instead, the recently fattened-up pop icon plays the part of his former real-life gay friend Leigh Bowery, the iconoclastic fashion designer and London club performance artist who died of AIDS-related meningitis. A frail and not-so-tall Euan Morton stars as the burly and not-so-short George, allowing O'Dowd to participate in art imitating his own life.

The Broadway version of Taboo reportedly has a somewhat different storyline than the original, which focused less on George and was told through the eyes of a young, would-be photographer who arrives in London and is awed by the scene. The Broadway version, narrated by two of George's old friends, begins in London's club scene during the rebellious 80s--a bevy punks, freaks, drag queens, queers and everybody else in between amidst a backdrop of sex, drugs and extreme fashion. The flamboyant drag queen George is revealed as a bold yet fearful, young gay man who sings of feeling like "a stranger in this world." He finds solace in his friend and club owner Philip (who narrates), best friend Marilyn (a clingy, but mostly bitchy drag performer), and a bi-sexual photographer named Marcus, with whom he falls in love.

O'Dowd emerges halfway through the first act as Leigh Bowery, the highly idolized but rarely understood designer known for his highly creative fashions and elaborate stage shows. "I've had a man or two," sings Leigh as he prances out of a club bathroom stall and sizes up the men at the urinals. Leigh's story serves as secondary plot to George's, though with many parallels. Just as Leigh is facing the crossroads of his imminent demise, George is transitioning from drag performer to pop star, singing in a band whose real-life name (Culture Club) is seen but never mentioned. George's and Leigh's stories are played out onstage simultaneously at times, sharing poignant musical moments.

Act Two chronicles George's addiction to heroin, his break-up with his bi-sexual boyfriend who would later smear his name in the tabloids, and his fall "out of fashion." Meanwhile, Leigh emerges as the producer of a club called Taboo, begins to lose his flair for fashion, and faces the fact that he's dying from AIDS.

Taboo's strengths lie in its music, costuming and depictions of this bizarre London scene. Familiar Culture Club hits like "Do You Really Want to Hurt Me?," "Church of the Poison Mind," and "It's a Miracle" are combined

Left Page: Boy George (center) as Leigh Bowery and Taboo Ensemble.
Here: Boy George (center) as Leigh Bowery.
Photo Credit: Joan Marcus

with original music and lyrics by O'Dowd to help people identify with this compelling story behind the music. Meanwhile, Morton's countless costume changes feature knock-off's or similar frocks inspired by O'Dowd's fashions of the time.

Morton received a coveted Laurence Olivier nomination for his performance in the same role in the London production. He possesses a striking resemblance to O'Dowd, although his shorter, slimmer frame is half the size of what O'Dowd was even back then. Morton's vocal performances, however, shine just as bright as his sassy yet sensitive depiction of George.

O'Dowd, who gets less face and performance time than Morton, has little trouble depicting the over-the-top, extravagantly dressed Leigh. O'Dowd is truly believable in Leigh's classic look of candle wax dripping down the side of his head. One almost forgets it's really O'Dowd, especially in a moving scene where a makeup-less O'Dowd depicts Leigh's final moments in a hospital bed. O'Dowd is probably the only one who could really do this character justice.

Taboo's weaknesses lie in its rushed manner of attempting to cover so much ground, so many characters, in a short amount of time. Character development is swift and spotty, making it necessary to pay close attention in order to understand all the dynamics at hand. Some gay audiences and diehard Boy George and Culture Club fans will likely find the story easier to follow than others. After Leigh dies and a tear-jerking video tribute to the real-life Leigh is shown, there is no real transition to the final scene, in which most of the lead characters reunite and put aside their differences for a present-day photo shoot of the club scene's elite alumni. The mood never has a chance to recover from the downer of Leigh's death, so this last scene comes off rushed and forced. Then, Taboo's final 'we-are-the-gay-world' moment falls flat as this 2 1/2-hour rush runs out of breath on the would-be gay anthem "Come On In From the Outside."

Despite its less than stellar ending, Taboo is a festive show, emotional and oozing with fabulousness. Gays, straights, hags and stags will enjoy Taboo: gay and lesbian audiences will identify with many of the characters and storylines; everyone, including fans of Boy George and Culture Club, will be glued to this behind-the-music look at the environment that made O'Dowd the man he is today.

For now, at least, it looks like O'Donnell may have a hit on her hands in what is probably the gayest show Broadway has seen in a long time. Next fall, she'll produce and star in her own story made for Broadway, "Find Me," based on her autobiography.

Taboo starring Boy George is running on Broadway at the Plymouth Theatre (236 West 45th Street) in New York City. For ticket information, call Tele-charge at 212 239-6200 or log on at www.Telecharge.com.

The Cali Cui-Scene

Traveling in My World by Michael Andre Adams

Hot on the Cali Cui-Scene is Union, where Executive Chef Shawn Davis is pumping it up and out! At age 33, the third generation chef from the Ladera Heights section of Los Angeles, is to be hailed.

He earned his Grande Diplome Le Cordon Bleu in London at the world renowned Cordon Bleu. He brought "flava" to the Four Seasons and the Peninsula in flossy Beverly Hills. He cooks privately for Nancy Berry, a Virgin Records big wig, Anthony Smith of the Oakland Raiders and created Black Truffle Catering because, he say's "it's unique and black like me."

A door or two south of Santa Monica Blvd., on Fifth Street in sunny Santa Monica, Union happens to you upon entry. Ask for patio seating where water cascades harmoniously along the back wall as a visual accompaniment to smooth jazz grooves. A live band brings it home from Thursday through Saturday for further listening pleasure.

Be seated and order a glass of single malt, such as The Macallan 18 (25 if available). Now you're ready for the gastronomical experience of a lifetime.

The staff is friendly and efficient. And if you're lucky, Brad will wait your table. He's good. So, tip him well.

As for the meal, Chef Shawn let me have it with his six course Chef's Tasting Menu at $85 per person for two (Four at $68).

Our palates were christened with Sauteed John Dry (fish), coconut sticky rice, an orange vanilla sauce and baby bok choy. Round two included a Tall Stack of lobster, saffron risotto, crisp peas and pancakes. Seared Yellowtail, blackened Ahi and day boat Scallops with a sunny-side egg preceded crispy, savory duck

getting there:

Union is located on Fifth Street in sunny Santa Monica , CA., 626/744-0900. Appetizers run six to $11. Salads range from seven to $13. Entrees begin at $10 for a burger and run mainly in the mid $20's, with Pan Seared Venison and New York Steak in the mid $30's. Open weekdays for lunch, daily for dinner, with a late night menu until midnight on Saturday and Sunday. Valet parking is available in this popular shopping district that thrives on weekends. And with the ocean just 5 blocks away, Union is the perfect place for a date. Get there, if you can. 310/656-9688.

with porcini mushrooms and French fries tossed in white truffle oil then wrapped in blue cheese and tarragon. Damn! The fifth course was more Ahi, this time with an incredibly fresh Puerto Rican Ceviche of scallops and avocado with a coriander sauce. For the finishing course he hurt us with a Filet Mignon in a swirl of Bordeaux sauce tender enough to be eaten with a fork.

Chef Shawn worked it out. And so did we! Off to the gym for a spin class I go.

Poised & Purrrfect!

Pam Grier

Puckers Up to 'The L Word'

words by Michael K. Watts
image by Nobby Clark

It's 23 degrees outside in the mountains near Denver this afternoon. But inside, it's warm and toasty in front of the fireplace, safe from the coyotes, bobcats and bears that roam nearby. It's not the likely place you'd expect to find the actress who made a name for herself in the late 70s, playing defiant, cleavage-serving superheroines known for shoot-outs and apartment brawls in blaxploitation flicks. But for the always-real sista Pam Grier, this is home.

Peaceful moments like these don't come very often for Grier. Lately she's been quite busy with television and film projects, including her new series, *The L Word*, which brings her breast-to-breast with a flock of lipstick lesbians. Premiering in January on Showtime, the one-hour dramatic series is a perky depiction of lesbian culture with an often risqué sensibility.

"I don't think it's risqué. I just think it's behind people's bedroom door. It's very, very intimate, where people are seeing each other's raw feelings," Grier said via telephone while sipping tea and relaxing in the quiet intimacy of her living room. "But you're not seeing people making love with their clothes on all the time. You will see the intimacy and the sensitivity of the nudity and a broad cross-section of characters."

The L Word chronicles the daily lives of a close-knit group of mostly lesbian women in West Hollywood. Jennifer Beals stars as Bette, a busy career woman who lives with her partner of seven years, Tina (Laurel Holloman). When Tim (Eric Mabius) and his wife Jenny (Mia Kirshner) move in next door, Jenny's heterosexual world is turned upside down by her new circle of lesbian friends--pretty, girlie types who party hard, flirt like buzzards, and make love passionately.

But the storylines go deeper than gaydar readings, lesbian theme parties, sexual innuendos and bare breasts. The series also tackles parenting, race relations, long-term relationships and "DL" women, all within a lesbian context. With male-dominated shows like Will & Grace, Queer as Folk, and Queer Eye for the Straight Guy leading the recent gay television revolution, *The L Word* is adding a refreshing, feminine alternative to the mix. "It was just time for a show about gay women, their characters and their stories, which really reflect the world," the 54 year-old Hollywood veteran said, commenting on what first drew her to the role of Kit, Bette's heterosexual half-sister.

"The profound level of subtext of Kit--that's what drew me. Being a singer in the 80s, she encompasses Minnie Riperton, the late Phyllis Hyman, and Chaka Khan. She plays keyboards, and she wanted to be in a group," Grier explained. Kit is also a mother and a classic alcoholic. "The drama! [With Kit, I] have various levels of substance to work with that you don't have in movies. To walk a mile in someone else's shoes is so important to your work, to who you are and how you see other people."

For *The L Word,* Grier almost had the chance to "walk a mile" in a lesbian's boots. Her character was originally written as a butch, leathered-down lesbian, but the show producers ultimately decided

> "It was just time for a show about gay women, their characters and their stories, which really reflect the world." Pam Grier on The L Word

that Kit would be better off as a straight woman. At least for now. "Kit's paramour in our first season will be this woman who's [dressed as] a man," Grier revealed. "She calls herself Ivan, and she looks like a man, but she's a woman. And she has this crush on Kit. And Kit's gonna be one of those straight people who absolutely adores this 'man.' As long as she stays a man, they'll be good to go. When she becomes a woman, then there's gonna be complications."

Drama, indeed.

Even if Kit had been written as a lesbian, Grier would have embraced the role the same way she boldly stepped into the shoes of the lesbian prison matron in 1972's *The Big Bird Cage*. Grier is just like any true actor--she acts because she loves to act, without any pretentious aspirations of fame and fortune. Often she has accepted the lower, "scale" rate of pay for the chance to dig into a meaty role while helping a small independent film company. Yet, in an industry that is not often pros-

Pam Grier and Jennifer Beals

"Why can't women just be very strong without being called butch or dyke or whatever? You have to be the best woman you can be, and we haven't been allowed to. And I think I can be just as feminine [as I am] strong."

perous for most African American actresses, Grier has been exceedingly blessed with consistent work. She is currently enjoying her fourth decade in show business.

"There're a lot of roles that I've taken that were written for White or Asian [women]. But I was just crazy enough to get [them]," Grier said. "And there are roles for African Americans that White actresses take. So, it's about what you can bring [that's] different. How unique can you be?" This strong, spiritually-minded soul sista sho-nuff brings it--in a 5'8", curvaceous package wrapped in stunning caramel skin (she uses Nivea to maintain her radiance, but this afternoon she admits she's ashy). What director wouldn't want to hire her?

Steady Work, Sturdy Career

Grier was born in Winston-Salem, North Carolina but was raised as an Air Force brat in Europe. When she was a teenager, her family moved back to the States, settling in Denver. After placing first runner-up in the Miss Colorado Universe pageant, she moved to Los Angeles and snagged a Hollywood agent. She landed her first role in the 1970 cult classic *Beyond the Valley of the Dolls*. Soon, fate handed her starring roles in 1973's *Coffy* and 1974's *Foxy Brown*, catapulting her to the forefront of the emerging blaxploitation genre of action films targeted at African American audiences. The sexy, tough-girl image of her characters transformed Grier into an empowering, cult figure whose strength inspired millions, especially African American women, both straight and gay. Roles in *Sheba, Baby* and *Friday Foster* would round out her blaxploitation stint.

Shifting to a wider range of film and stage roles, Grier maintained consistent exposure over the next 15 years, starring in films like *Greased Lightning*, the mini-series *Roots: The Next Generation, Above the Law*, and *Posse.* She received an NAACP Image Award in 1986 for her stage role in *Fool for Love.* The blaxploitation genre had a revival in the mid-90s, prompting the 70s throwback film *Original Gangstas*, starring Grier alongside blaxploitation kings Jim Brown, Richard Roundtree, and Fred "The Hammer" Williamson. In 1997, acclaimed director Quentin Tarantino directed her in *Jackie Brown*, a film written in her honor and inspired by her blaxploitation characters of the past. Her role as a modern-day superheroine in *Jackie Brown* garnered her wide critical acclaim, including Golden Globe and Screen Actors Guild Award nominations. In 2001 she starred opposite her good friend Snoop Dogg in *Bones*.

"I wanna play drums in Snoop's summer concert," Grier announces out of the blue. "Yeah, I'm wanna play drums at his concert. He's got a band with him now. He loves it. I wanna back him up, just get up there and hit it." It seems that the voluptuous vixen who once sang backup for Sly and the Family Stone can throw down on the drums, the guitar and keyboards, too. Grier says she may even record a CD, and in *The L Word* she gets to perform jazz and R&B tunes at the local club where Bette and her friends hang out.

Foxy Brown Lives On!

It seems Grier's talents are endless. She was a pre-med student with aspirations of becoming a veterinarian before she transferred to film school. In addition to her boyfriend, she shares her time with a "tribe" of four horses, a pit bull-shepherd mix named Maggie, a beagle named Snoop Doggy Dogg, and a 130-pound German shepherd named Jackie Brown.

Continued from page 34

Top-Left to right: Laurel Holloman, Jennifer Beals, Pam Grier, Leisha Hailey, Erin Daniels, and Katherine Moennig Bottom- left, Laurel Holloman, Pam Grier and Leisha Hailey right

Digital Camera Key Ring

With this Philips Digital Camera Key Ring you will never miss another photo opportunity. 3Snap and share memories with the compact and stylish Digital Camera Key Ring. Available in 64 MB with a 1.3 mega panel output, it's capable of holding up to 200 pictures. MSRP $99.

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Philips' HDD100 Audio Jukebox holds more than 3,000 songs and features MP3 and WMA playback. With SuperScroll™, playlists, direct downloading and four traditional presets, you can quickly find your favorite music. MSRP $399.

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Perfect for small spaces, the compact design of the DVD 590 provides consumers with the flexibility of placing the DVD player in a vertical or horizontal position. MSRP $129.

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This amazing quick & easy to use, 3 mega pixel digital camera comes with 4X digital zoom and a huge 2" LCD display. Records 30 seconds of AVI movie sound & includes USB cable, cradle, A/C adapter/Charger and Lithium Ion rechargeable battery.
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www.**Black**AIDS.org is a comprehensive online resource with prevention and treatment information on **African Americans** and HIV/AIDS. You'll find all issues of Kujisource there in both text and PDF format. The site includes links to testing sites, elected officials and sources of HIV/AIDS information of importance to people of **African** descent both in the United States, **Africa** and elsewhere. The entire site is searchable through an advanced facility that includes sound-alike matching. www.**Black**AIDS.org is updated regularly—sometimes more than once a day.

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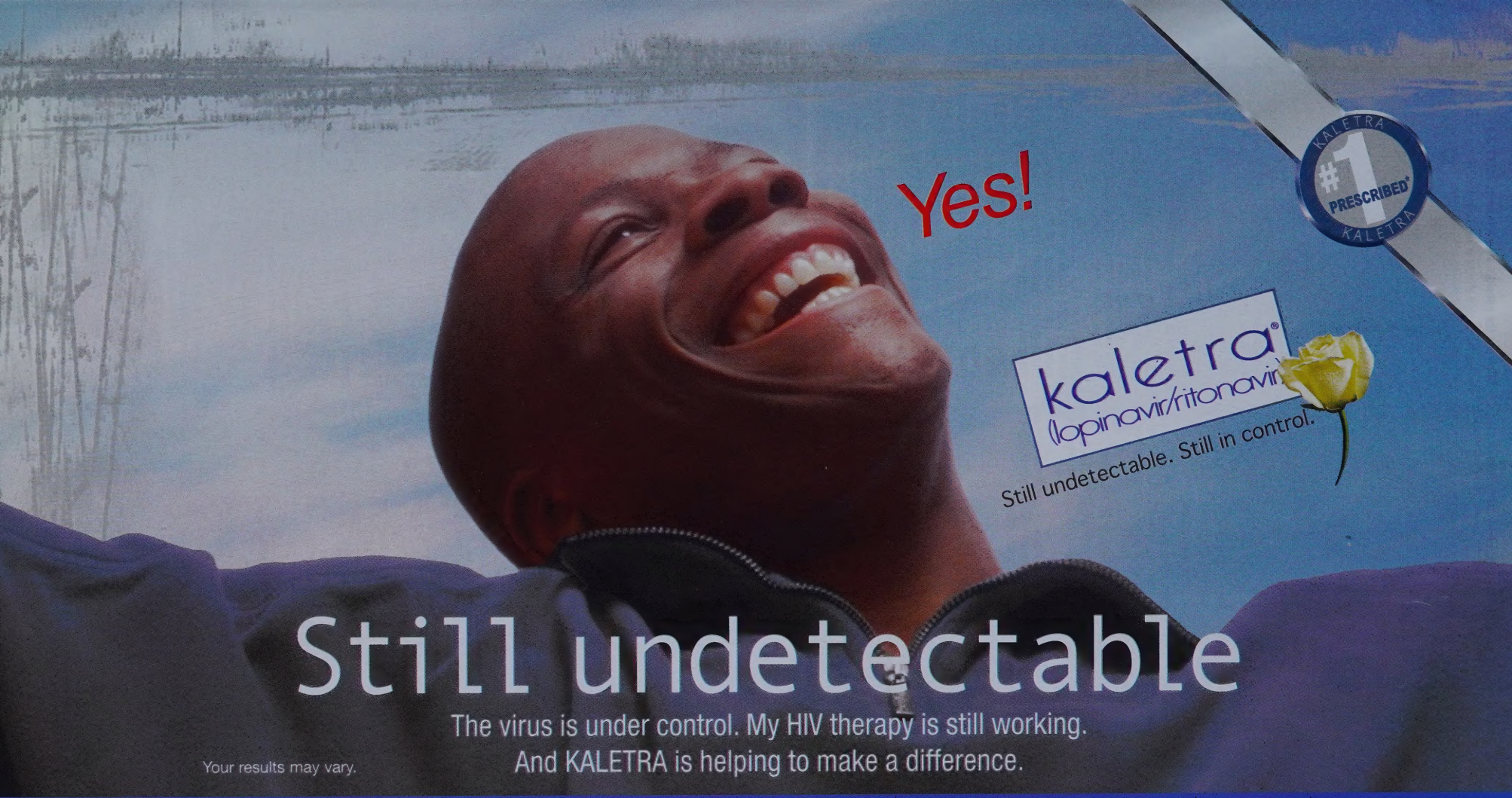
213-353-3610, 213-989-0181 fax
www.BlackAIDS.org, info@AAAinstitute.org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The virus is under control. My HIV therapy is still working.
And KALETRA is helping to make a difference.
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KALETRA is indicated for the treatment of HIV infection in combination with other antiretroviral agents.

Safety Information

KALETRA should not be taken with Halcion®, Hismanal®, Orap®, Propulsid®, Rythmol®, Seldane®, Tambocor™, Versed®, Rimactane®, Rifadin®, Rifater®, Rifamate®, Mevacor®, Zocor®, ergot derivatives or products containing St. John's wort (*Hypericum perforatum*). Discuss all medicines, including those without a prescription, and herbal preparations you are taking or plan to take with your doctor or pharmacist.

KALETRA should not be taken if you have had an allergic reaction to KALETRA or any of its ingredients.

Pancreatitis and liver problems, which can be fatal, have been reported. Tell your doctor if you have or have had liver disease such as hepatitis. In patients taking protease inhibitors, increased bleeding (in patients with hemophilia) and diabetes/high blood sugar have occurred. Changes in body fat have been seen in some patients receiving antiretroviral therapy. Some patients receiving KALETRA have had large increases in triglycerides and cholesterol.

In clinical trials, the most commonly reported side effects of moderate or severe intensity were: abdominal pain, abnormal bowel movements, diarrhea, feeling weak or tired, headache, and nausea. This is not a complete list of reported side effects.

KALETRA oral solution contains alcohol.

KALETRA does not cure HIV infection or AIDS and does not reduce the risk of passing of HIV to others.

Please see adjacent page for Patient Information.

*Based on IMS HEALTH National Prescription Audit Plus for Protease Inhibitor Class. July 2002–January 2003

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March 2003

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KALETRA™
(lopinavir/ritonavir) capsules
(lopinavir/ritonavir) oral solution

ALERT: Find out about medicines that should NOT be taken with KALETRA. Please also read the section "MEDICINES YOU SHOULD NOT TAKE WITH KALETRA."

Patient Information

KALETRA™
(kuh-LEE-tra)

Generic Name: lopinavir/ritonavir
(lop-IN-uh-veer/rit-ON-uh-veer)

Read this leaflet carefully before you start taking KALETRA. Also, read it each time you get your KALETRA prescription refilled, in case something has changed. This information does not take the place of talking with your doctor when you start this medicine and at check ups. Ask your doctor if you have any questions about KALETRA.

What is KALETRA and how does it work?

KALETRA is a combination of two medicines. They are lopinavir and ritonavir. KALETRA is a type of medicine called an HIV (human immunodeficiency virus) protease (PRO-tee-ase) inhibitor. KALETRA is always used in combination with other anti-HIV medicines to treat people with human immunodeficiency virus (HIV) infection. KALETRA is for adults and for children age 6 months and older.

HIV infection destroys CD4 (T) cells, which are important to the immune system. After a large number of T cells are destroyed, acquired immune deficiency syndrome (AIDS) develops.

KALETRA blocks HIV protease, a chemical which is needed for HIV to multiply. KALETRA reduces the amount of HIV in your blood and increases the number of T cells. Reducing the amount of HIV in the blood reduces the chance of death or infections that happen when your immune system is weak (opportunistic infections).

Does KALETRA cure HIV or AIDS?
KALETRA does not cure HIV infection or AIDS. The long-term effects of KALETRA are not known at this time. People taking KALETRA may still get opportunistic infections or other conditions that happen with HIV infection. Some of these conditions are pneumonia, herpes virus infections, and *Mycobacterium avium* complex (MAC) infections.

Does KALETRA reduce the risk of passing HIV to others?

KALETRA does not reduce the risk of passing HIV to others through sexual contact or blood contamination. Continue to practice safe sex and do not use or share dirty needles.

How should I take KALETRA?

- You should stay under a doctor's care when taking KALETRA. Do not change your treatment or stop treatment without first talking with your doctor.
- You must take KALETRA every day exactly as your doctor prescribed it. The dose of KALETRA may be different for you than for other patients. Follow the directions from your doctor, exactly as written on the label.
- Dosing in adults (including children 12 years of age and older): The usual dose for adults is 3 capsules (400/100 mg) or 5.0 mL of the oral solution twice a day (morning and night), in combination with other anti-HIV medicines.
- Dosing in children from 6 months to 12 years of age: Children from 6 months to 12 years of age can also take KALETRA. The child's doctor will decide the right dose based on the child's weight.
- Take KALETRA with food to help it work better.
- Do not change your dose or stop taking KALETRA without first talking with your doctor.
- When your KALETRA supply starts to run low, get more from your doctor or pharmacy. This is very important because the amount of virus in your blood may increase if the medicine is stopped for even a short time. The virus may develop resistance to KALETRA and become harder to treat.
- Be sure to set up a schedule and follow it carefully.
- Only take medicine that has been prescribed specifically for you. Do not give KALETRA to others or take medicine prescribed for someone else.

What should I do if I miss a dose of KALETRA?

It is important that you do not miss any doses. If you miss a dose of KALETRA, take it as soon as possible and then take your next scheduled dose at its regular time. If it is almost time for your next dose, do not take the missed dose. Wait and take the next dose at the regular time. Do not double the next dose.

What happens if I take too much KALETRA?

If you suspect that you took more than the prescribed dose of this medicine, contact your local poison control center or emergency room immediately.

As with all prescription medicines, KALETRA should be kept out of the reach of young children. KALETRA liquid contains a large amount of alcohol. If a toddler or young child accidentally drinks more than the recommended dose of KALETRA, it could make him/her sick from too much alcohol. Contact your local poison control center or emergency room immediately if this happens.

Who should not take KALETRA?

Together with your doctor, you need to decide whether KALETRA is right for you.

- Do not take KALETRA if you are taking certain medicines. These could cause serious side effects that could cause death. Before you take KALETRA, you must tell your doctor about all the medicines you are taking or are planning to take. These include other prescription and non-prescription medicines and herbal supplements.

For more information about medicines you should not take with KALETRA, please read the section titled "MEDICINES YOU SHOULD NOT TAKE WITH KALETRA."

- Do not take KALETRA if you have an allergy to KALETRA or any of its ingredients, including ritonavir or lopinavir.

Can I take KALETRA with other medications?*

KALETRA may interact with other medicines, including those you take without a prescription. You must tell your doctor about all the medicines you are taking or planning to take before you take KALETRA.

MEDICINES YOU SHOULD NOT TAKE WITH KALETRA:

- Do not take the following medicines with KALETRA because they can cause serious problems or death if taken with KALETRA.
  - Dihydroergotamine, ergonovine, ergotamine and methylergonovine such as Cafergot®, Migranal®, D.H.E. 45®, Ergotrate Maleate, Methergine, and others
  - Halcion® (triazolam)
  - Hismanal® (astemizole)
  - Orap® (pimozide)
  - Propulsid® (cisapride)
  - Rythmol® (propafenone)
  - Seldane® (terfenadine)
  - Tambocor™ (flecainide)
  - Versed® (midazolam)
- Do not take KALETRA with rifampin, also known as Rimactane®, Rifadin®, Rifater®, or Rifamate®. Rifampin may lower the amount of KALETRA in your blood and make it less effective.
- Do not take KALETRA with St. John's wort (hypericum perforatum), an herbal product sold as a dietary supplement, or products containing St. John's wort. Talk with your doctor if you are taking or planning to take St. John's wort. Taking St. John's wort may decrease KALETRA levels and lead to increased viral load and possible resistance to KALETRA or cross-resistance to other anti-HIV medicines.
- Do not take KALETRA with the cholesterol-lowering medicines Mevacor® (lovastatin) or Zocor® (simvastatin) because of possible serious reactions. There is also an increased risk of drug interactions between KALETRA and Lipitor® (atorvastatin); talk to your doctor before you take any of these cholesterol-reducing medicines with KALETRA.

Medicines that require dosage adjustments:

It is possible that your doctor may need to increase or decrease the dose of other medicines when you are also taking KALETRA. Remember to tell your doctor all medicines you are taking or plan to take.

Before you take Viagra® (sildenafil) with KALETRA, talk to your doctor about problems these two medicines can cause when taken together. You may get increased side effects of VIAGRA, such as low blood pressure, vision changes, and penis erection lasting more than 4 hours. If an erection lasts longer than 4 hours, get medical help right away to avoid permanent damage to your penis. Your doctor can explain these symptoms to you.

- If you are taking oral contraceptives ("the pill") to prevent pregnancy, you should use an additional or different type of contraception since KALETRA may reduce the effectiveness of oral contraceptives.
- Efavirenz (Sustiva™) or nevirapine (Viramune®) may lower the amount of KALETRA in your blood. Your doctor may increase your dose of KALETRA if you are also taking efavirenz or nevirapine.
- If you are taking Mycobutin® (rifabutin), your doctor will lower the dose of Mycobutin.
- **A change in therapy should be considered if you are taking KALETRA with:**
  Phenobarbital
  Phenytoin (Dilantin® and others)
  Carbamazepine (Tegretol® and others)
  These medicines may lower the amount of KALETRA in your blood and make it less effective.
- **Other Special Considerations:**
  KALETRA oral solution contains alcohol. Talk with your doctor if you are taking or planning to take metronidazole or disulfiram. Severe nausea and vomiting can occur.
- **If you are taking both didanosine (Videx®) and KALETRA:**
  Didanosine (Videx®) should be taken one hour before or two hours after KALETRA.

What are the possible side effects of KALETRA?

- This list of side effects is **not** complete. If you have questions about side effects, ask your doctor, nurse, or pharmacist. You should report any new or continuing symptoms to your doctor right away. Your doctor may be able to help you manage these side effects.
- The most commonly reported side effects of moderate severity that are thought to be drug related are: abnormal stools (bowel movements), diarrhea, feeling weak/tired, headache, and nausea. Children taking KALETRA may sometimes get a skin rash.
- Blood tests in patients taking KALETRA may show possible liver problems. People with liver disease such as Hepatitis B and Hepatitis C who take KALETRA may have worsening liver disease. Liver problems including death have occurred in patients taking KALETRA. In studies, it is unclear if KALETRA caused these liver problems because some patients had other illnesses or were taking other medicines.
- Some patients taking KALETRA can develop serious problems with their pancreas (pancreatitis), which may cause death. You have a higher chance of having pancreatitis if you have had it before. Tell your doctor if you have nausea, vomiting, or abdominal pain. These may be signs of pancreatitis.
- Some patients have large increases in triglycerides and cholesterol. The long-term chance of getting complications such as heart attacks or stroke due to increases in triglycerides and cholesterol caused by protease inhibitors is not known at this time.
- Diabetes and high blood sugar (hyperglycemia) occur in patients taking protease inhibitors such as KALETRA. Some patients had diabetes before starting protease inhibitors, others did not. Some patients need changes in their diabetes medicine. Others needed new diabetes medicine.
- Changes in body fat have been seen in some patients taking antiretroviral therapy. These changes may include increased amount of fat in the upper back and neck ("buffalo hump"), breast, and around the trunk. Loss of fat from the legs, arms and face may also happen. The cause and long term health effects of these conditions are not known at this time.
- Some patients with hemophilia have increased bleeding with protease inhibitors.
- There have been other side effects in patients taking KALETRA. However, these side effects may have been due to other medicines that patients were taking or to the illness itself. Some of these side effects can be serious.

What should I tell my doctor before taking KALETRA?

- *If you are pregnant or planning to become pregnant:* The effects of KALETRA on pregnant women or their unborn babies are not known.
- *If you are breast-feeding:* Do not breast-feed if you are taking KALETRA. You should not breast-feed if you have HIV. If you are a woman who has or will have a baby, talk with your doctor about the best way to feed your baby. You should be aware that if your baby does not already have HIV, there is a chance that HIV can be transmitted through breast-feeding.
- *If you have liver problems:* If you have liver problems or are infected with Hepatitis B or Hepatitis C, you should tell your doctor before taking KALETRA.
- *If you have diabetes:* Some people taking protease inhibitors develop new or more serious diabetes or high blood sugar. Tell your doctor if you have diabetes or an increase in thirst or frequent urination.
- *If you have hemophilia:* Patients taking KALETRA may have increased bleeding.

How do I store KALETRA?

- Keep KALETRA and all other medicines out of the reach of children.
- Refrigerated KALETRA capsules and oral solution remain stable until the expiration date printed on the label. If stored at room temperature up to 77°F (25°C), KALETRA capsules and oral solution should be used within 2 months.
- Avoid exposure to excessive heat.

Do not keep medicine that is out of date or that you no longer need. Be sure that if you throw any medicine away, it is out of the reach of children.

General advice about prescription medicines:

Talk to your doctor or other health care provider if you have any questions about this medicine or your condition. Medicines are sometimes prescribed for purposes other than those listed in a Patient Information Leaflet. If you have any concerns about this medicine, ask your doctor. Your doctor or pharmacist can give you information about this medicine that was written for health care professionals. Do not use this medicine for a condition for which it was not prescribed. Do not share this medicine with other people.

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Revised: January, 2002

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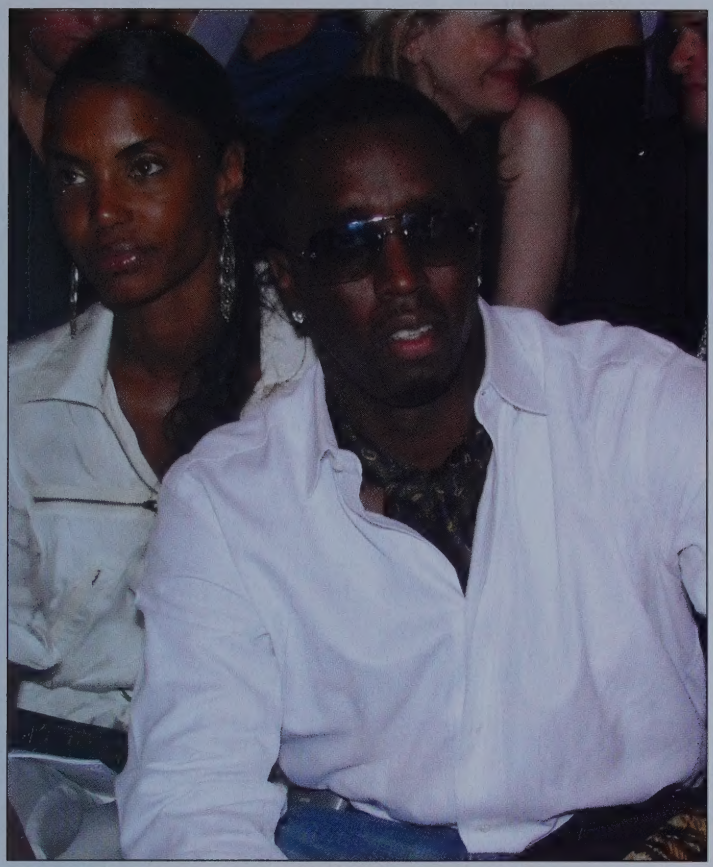
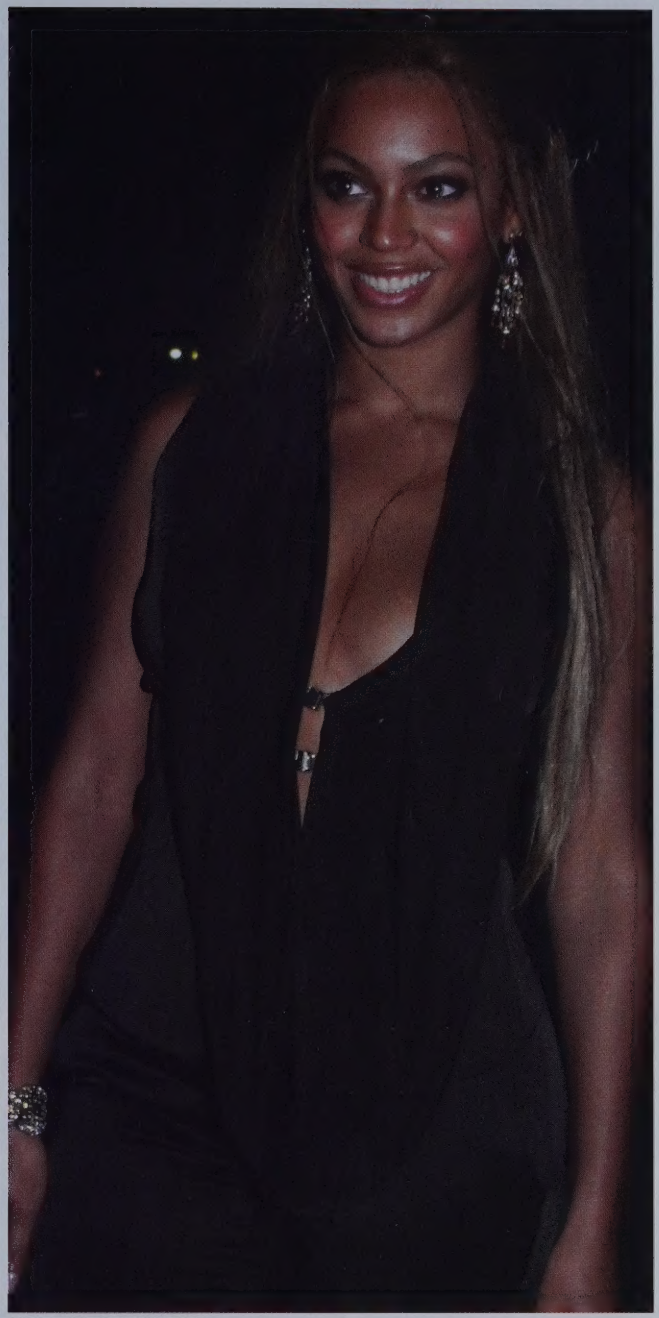
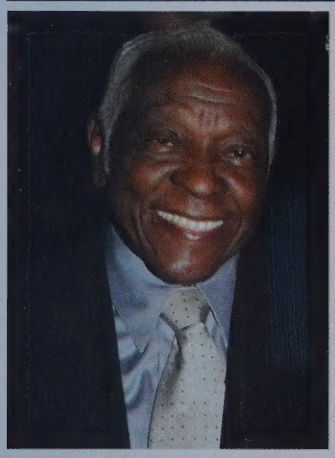
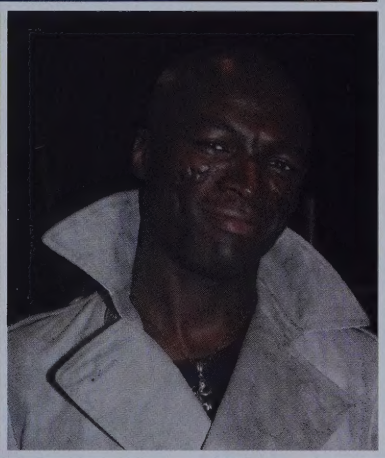


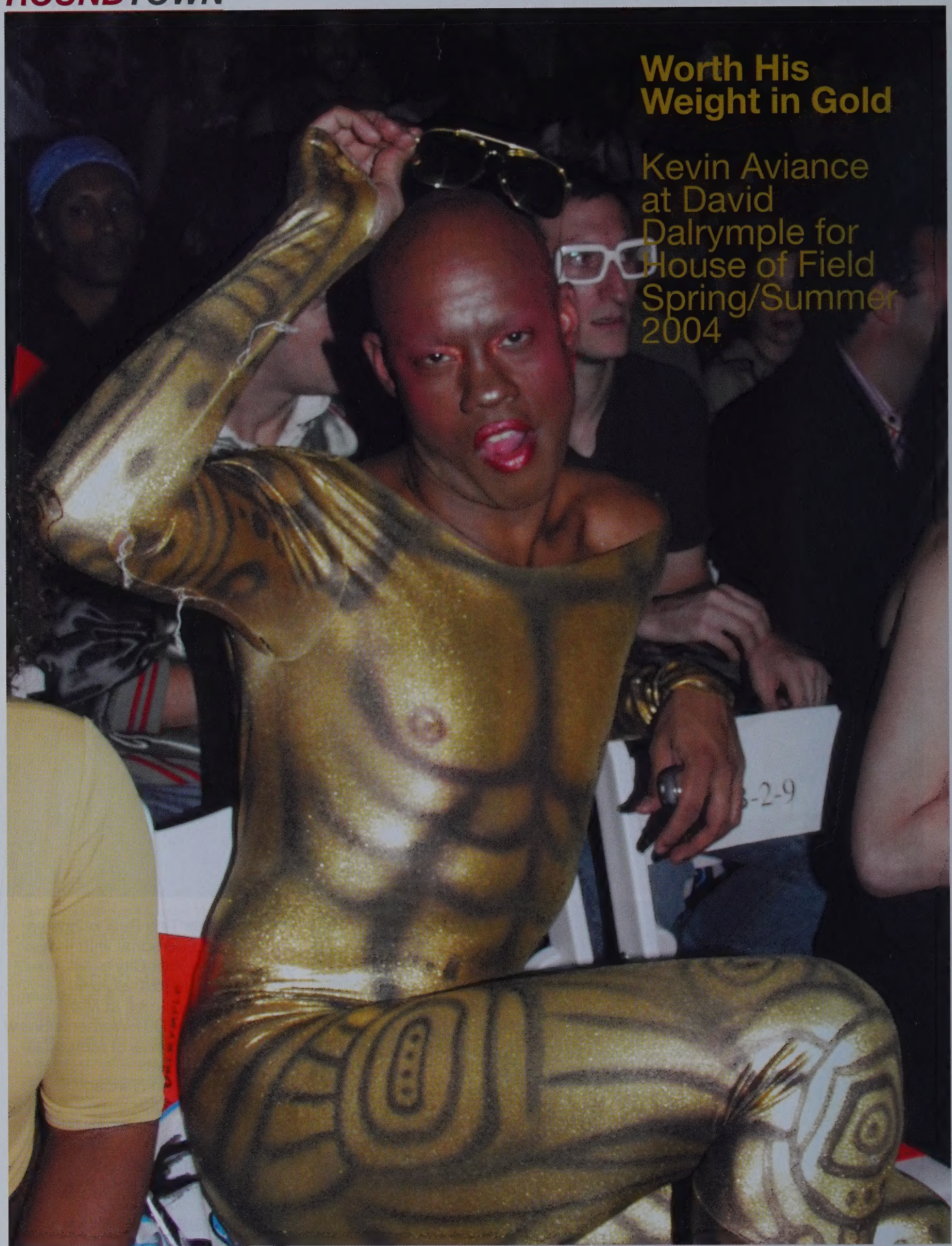






Photographer Tina Paul brings ya up close and personal with the Stars of New York City's *Fashion Week 2004*.

1. Sean Puffy Combs at Marc Jacobs Spring 2004 Women's Show
2. Beyonce Knowles at Mercedes-Benz Fashion Week
3. Pedro Knight at Narciso Rodriguez Spring/Summer Collection at Mercedes-Benz Fashion Week
4. Seal backstage at Luca Luca Spring/Summer 2004 Collection Show
5. Wille Ninja and Patricia Hearst at Zang for Spring 2004 Collection.



Worth His Weight in Gold

Kevin Aviance at David Dalrymple for House of Field Spring/Summer 2004

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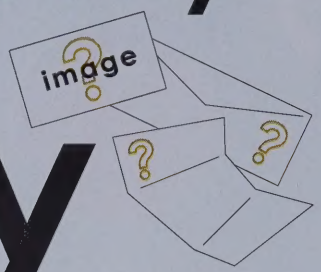

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A musician, a would-be veterinarian--and this is the same blaxploitation-era actress who, sometimes without stunt doubles, shoved people across rooms into tables, fought off two men at a time with her bare hands, mercilessly body-slammed women, while still managing to give fever in a low-cut gown. Fist fights and surprise shoot-outs were her specialty, and Foxy Brown always carried her pistol. These days, Grier carries a stun gun.

"I'm kinda Foxy Brown in real life. Don't be dissin' and don't put people in danger," she warns. "You might get hurt!" Once Grier came to the rescue of a woman in a supermarket parking lot who was being beaten by a man for her purse. Grier fearlessly confronted the man with a jackhammer--no stunt doubles here--and saved the woman from any further injury. She also describes an incident where she stopped her car in the middle of a busy street to run to the rescue of a small puppy who had fallen out of a truck window.

Grier shares these encounters as if they were no big deal, just a part of daily living. Superheroines are so modest, aren't they? Meanwhile, her butch rating seems to be rising steadily as the conversation progresses. Grier disagrees. "Why can't women just be very strong without being called butch or dyke or whatever? You have to be the best woman you can be, and we haven't been allowed to. And I think I can be just as feminine [as I am] strong."

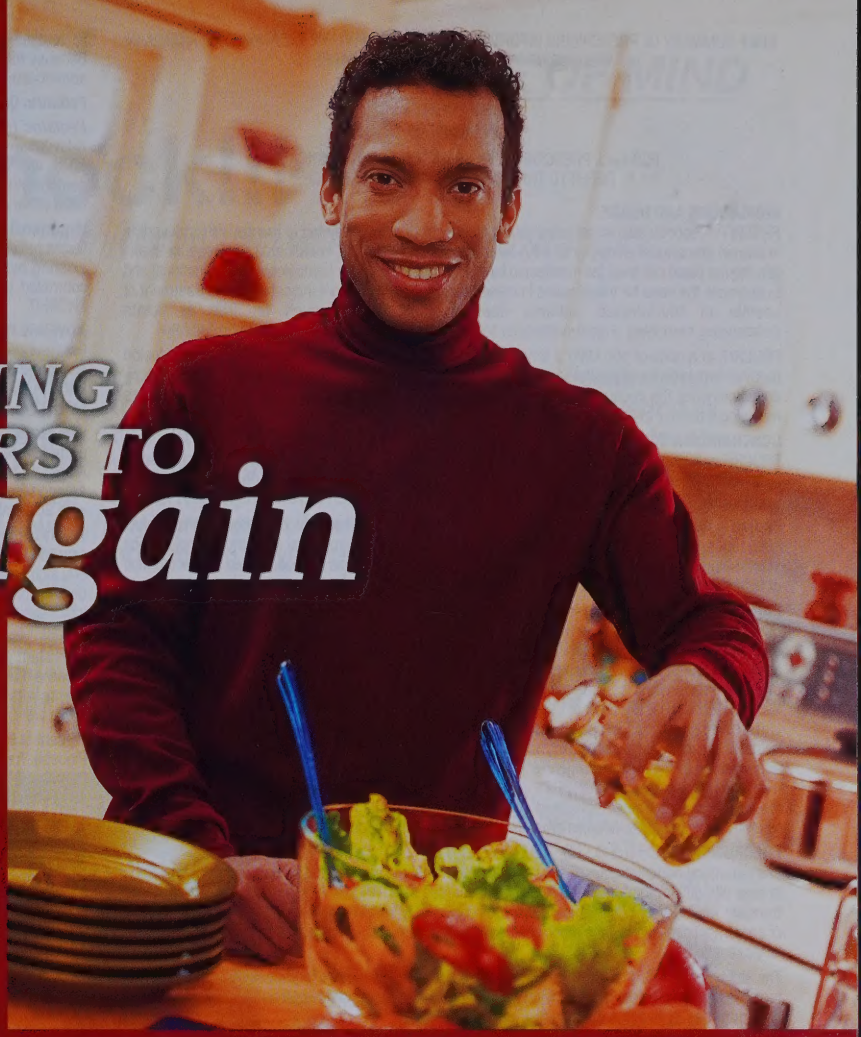
A little versatility never hurt anyone, and it surely keeps this talented sista working. Right after Grier wrapped up filming the first season of *The L Word*, she was off to Puerto Rico to film the upcoming action drama *Back In the Day*, which stars Lawrence Fishburne, Vanessa Williams, and Ving Rhames. Grier plays the mother of an accused murderer, played by Ja Rule--whose character also gets his share of Grier's smacks and kicks when he disrespects his mom.

But behind the no-nonsense big-screen roles, the drum banging, and the life-saving feats of courage is a warm, serene African queen whose greatest strength lies in her character.

"I could have retired when I was 26, but there's still a lot of people to feed, a lot of people to educate, a lot of children to take care of, a lot of shelters to keep the roofs on, and animals to take care of."

Judging from the barking heard in the background, her "tribe" of animals really digs 'mama' Grier. As we say goodbye, she's preparing to brave the freezing, Colorado mountain air outside in the barnyard to give the horses a work out.

Michael K. Watts is a New York-based entertainment journalist and music critic who has worked for MTV and FOX.



I'm DOING WHAT MATTERS TO me again

HIV+ and no energy to do the things you used to do?
You may have anemia – a serious health concern.

Over half of all people who are being treated for HIV are taking medications that include AZT. These medications can reduce the number of red blood cells in your body and cause anemia, which can make you feel tired and weak. Don't just ignore it or try to live with it. PROCRIT increases the production of red blood cells. More red blood cells can mean more energy.

If you think anemia is stopping you from doing what matters to you, talk to your doctor.

Write down anything you might like to talk about beforehand, and ask your questions at the beginning of your appointment. Be specific about how tiredness is affecting you. Example: "I used to be able to have a few friends over for dinner. Now, I can't." This is more specific than "I'm tired all the time."

Ask about your red blood cell count, and if PROCRIT is right for you.

PROCRIT is an effective treatment for anemia induced by AZT-containing regimens in HIV patients. PROCRIT is proven and safe. In studies, side effects were similar in PROCRIT- and placebo-treated patients. PROCRIT is available by prescription only and is injected by your doctor or nurse. For complete details, see the Brief Prescribing Information on the following page.

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EPOETIN ALFA
For Injection

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INDICATIONS AND USAGE

PROCRIT® (Epoetin alfa) is indicated for the treatment of anemia related to therapy with zidovudine in human immunodeficiency virus (HIV)-infected patients. PROCRIT is indicated to elevate or maintain the red blood cell level [as manifested by the hematocrit (HCT) or hemoglobin determinations] and to decrease the need for transfusions in these patients. PROCRIT is not indicated for the treatment of anemia in HIV-infected patients due to other factors such as iron or folate deficiencies, hemolysis or gastrointestinal bleeding, which should be managed appropriately.

PROCRIT, at a dose of 100 U/kg 3 times per week (TIW), is effective in decreasing the transfusion requirement and increasing the red blood cell level of anemic, HIV-infected patients treated with zidovudine, when the endogenous serum erythropoietin level is ≤500 mU/mL and when patients are receiving a dose of zidovudine ≤4200 mg/week.

CONTRAINDICATIONS

PROCRIT is contraindicated in patients with: 1) Uncontrolled hypertension; 2) Known hypersensitivity to mammalian cell-derived products; 3) Known hypersensitivity to Albumin (Human).

WARNINGS

Pediatric Use: The multidose preserved formulation contains benzyl alcohol. Benzyl alcohol has been reported to be associated with an increased incidence of neurological and other complications in premature infants, which are sometimes fatal. PROCRIT therapy has not been linked to exacerbation of hypertension, seizures, and thrombotic events in HIV-infected patients.

Pure Red Cell Aplasia

Pure red cell aplasia (PRCA), in association with neutralizing antibodies to native erythropoietin, has been observed in patients treated with recombinant erythropoietins. PRCA has been reported in a limited number of patients exposed to PROCRIT. This has been reported predominantly in patients with CRF. Any patient with loss of response to PROCRIT should be evaluated for the etiology of loss of effect (see PRECAUTIONS: Lack or Loss of Response). PROCRIT should be discontinued in any patient with evidence of PRCA and the patient evaluated for the presence of binding and neutralizing antibodies to PROCRIT, native erythropoietin, and any other recombinant erythropoietin administered to the patient. Amgen/Ortho Biotech Products, L.P. should be contacted to assist in this evaluation. In patients with PRCA secondary to neutralizing antibodies to erythropoietin, PROCRIT should not be administered and such patients should not be switched to another product as anti-erythropoietin antibodies cross-react with other erythropoietins (see ADVERSE REACTIONS).

PRECAUTIONS

The parenteral administration of any biologic product should be attended by appropriate precautions in case allergic or other untoward reactions occur (see CONTRAINDICATIONS). In clinical trials, while transient rashes were occasionally observed concurrently with PROCRIT therapy, no serious allergic or anaphylactic reactions were reported. (See ADVERSE REACTIONS for more information regarding allergic reactions.)

The safety and efficacy of PROCRIT therapy have not been established in patients with a known history of a seizure disorder or underlying hematologic disease (eg, sickle cell anemia, myelodysplastic syndromes, or hypercoagulable disorders).

In some female patients, menses have resumed following PROCRIT therapy; the possibility of pregnancy should be discussed and the need for contraception evaluated.

Hematology: Exacerbation of porphyria has been observed rarely in patients with chronic renal failure (CRF) treated with PROCRIT. However, PROCRIT has not caused increased urinary excretion of porphyrin metabolites in normal volunteers, even in the presence of a rapid erythropoietic response. Nevertheless, PROCRIT should be used with caution in patients with known porphyria.

In preclinical studies in dogs and rats, but not in monkeys, PROCRIT therapy was associated with subclinical bone marrow fibrosis. Therefore, zidovudine-treated HIV-infected patients should have HCT measured once a week (QW) until HCT has been stabilized, and measured periodically thereafter.

Lack or Loss of Response: If the patient fails to respond or to maintain a response to doses within the recommended dosing range, the following etiologies should be considered and evaluated: 1) Iron deficiency: Virtually all patients will eventually require supplemental iron therapy (see Iron Evaluation). 2) Underlying infectious, inflammatory, or malignant processes. 3) Occult blood loss. 4) Underlying hematologic diseases (ie, thalassemia, refractory anemia, or other myelodysplastic disorders). 5) Vitamin deficiencies: folic acid or vitamin B12. 6) Hemolysis. 7) Aluminum intoxication. 8) Osteitis fibrosa cystica.

In the absence of another etiology, the patient should be evaluated for evidence of PRCA and sera should be tested for the presence of antibodies to recombinant erythropoietins.

Iron Evaluation: During PROCRIT therapy, absolute or functional iron deficiency may develop. Functional iron deficiency, with normal ferritin levels but low transferrin saturation, is presumably due to the inability to mobilize iron stores rapidly enough to support increased erythropoiesis. Transferrin saturation should be at least 20% and ferritin should be at least 100 ng/mL.

Prior to and during PROCRIT therapy, the patient's iron status, including transferrin saturation (serum iron divided by iron binding capacity) and serum ferritin, should be evaluated. Virtually all patients will eventually require supplemental iron to increase or maintain transferrin saturation to levels which will adequately support erythropoiesis stimulated by PROCRIT.

Drug Interactions: No evidence of interaction of PROCRIT with other drugs was observed in the course of clinical trials.

Carcinogenesis, Mutagenesis, and Impairment of Fertility: Carcinogenic potential of PROCRIT has not been evaluated. PROCRIT does not induce bacterial gene mutation (Ames Test), chromosomal aberrations in mammalian cells, micronuclei in mice, or gene mutation at the HGPRT locus. In female rats treated intravenously (IV) with PROCRIT, there was a trend for slightly increased fetal wastage at doses of 100 and 500 U/kg.

Pregnancy Category C: PROCRIT has been shown to have adverse effects in rats when given in doses 5 times the human dose. There are no adequate and well-controlled studies in pregnant women. PROCRIT should be used during pregnancy only if potential benefit justifies the potential risk to the fetus.

In studies in female rats, there were decreases in body weight gain, delays in appearance of abdominal hair, delayed eyelid opening, delayed ossification, and decreases in the number of caudal vertebrae in the F1 fetuses of the 500 U/kg group. In female rats treated IV, there was a trend for slightly increased fetal wastage at doses of 100 and 500 U/kg.

Nursing Mothers: Postnatal observations of the live offspring (F1 generation) of female rats treated with PROCRIT during gestation and lactation revealed decreases in body weight gain, delays in appearance of abdominal hair, eyelid opening, and decreases in the number of caudal vertebrae in the F1 fetuses of the 500 U/kg group. It is not known whether PROCRIT is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when PROCRIT is administered to a nursing woman.

Pediatric Use: See WARNINGS, Pediatric Use.

Pediatric HIV-Infected Patients: Published literature has reported the use of PROCRIT in 20 zidovudine-treated anemic HIV-infected pediatric patients ages 8 months to 17 years, treated with 50 to 400 U/kg subcutaneously (SC) or IV, 2 to 3 times per week (BIW to TIW). Increases in hemoglobin levels and in reticulocyte counts, and decreases in or elimination of blood transfusions were observed.

Hypertension: Exacerbation of hypertension has not been observed in zidovudine-treated HIV-infected patients treated with PROCRIT. However, PROCRIT should be withheld in these patients if preexisting hypertension is uncontrolled, and should not be started until blood pressure (BP) is controlled. In double-blind studies, a single seizure has been experienced by a patient treated with PROCRIT.

ADVERSE REACTIONS

Immunogenicity

As with all therapeutic proteins, there is the potential for immunogenicity. Cases of antibody-induced PRCA in patients treated with recombinant human erythropoietins have been described in publications.

Very rare occurrences of PRCA and the presence of antibodies with neutralizing activity have been reported since market introduction of PROCRIT in the United States (see WARNINGS: Pure Red Cell Aplasia). Cases have been observed in patients treated by both SC and IV routes of administration. Among reported cases where the route of administration is known, PRCA has been observed more with SC administration than IV administration.

The incidence of antibody formation is highly dependent on the sensitivity and specificity of the assay. Additionally, the observed incidence of antibody positivity in an assay may be influenced by several factors including sample handling, timing of sample collection, concomitant medications, and underlying disease. For these reasons, comparison of the incidence of antibodies to PROCRIT with the incidence of antibodies to other products may be misleading.

Adverse events reported in clinical trials with PROCRIT in zidovudine-treated HIV-infected patients were consistent with the progression of HIV infection. In double-blind, placebo-controlled studies of 3-months duration involving approximately 300 zidovudine-treated HIV-infected patients, adverse events with an incidence of ≥10% in either patients treated with PROCRIT or placebo-treated patients were:

Percent of Patients Reporting Event: Event followed by Patients Treated With PROCRIT (N=144) first, Placebo-Treated Patients (N=153) second:
Pyrexia 38%, 29%; Fatigue 25%, 31%; Headache 19%, 14%; Cough 18%, 14%; Diarrhea 16%, 18%; Rash 16%, 8%; Congestion, Respiratory 15%, 10%; Nausea 15%, 12%; Shortness of Breath 14%, 13%; Asthenia 11%, 14%; Skin Reaction (Administration Site) 10%, 7%; Dizziness 9%, 10%.

There were no statistically significant differences between treatment groups in the incidence of the above events.

In the 297 patients studied, PROCRIT was not associated with significant increases in opportunistic infections or mortality. In 71 patients from this group treated with PROCRIT at 150 U/kg TIW, serum p24 antigen levels did not appear to increase. Preliminary data showed no enhancement of HIV replication in infected cell lines in vitro.

Peripheral white blood cell and platelet counts are unchanged following PROCRIT therapy.

Allergic Reactions: Two zidovudine-treated HIV-infected patients had urticarial reactions within 48 hours of their first exposure to study medication. One patient was treated with PROCRIT and one was treated with placebo (PROCRIT vehicle alone). Both patients had positive immediate skin tests against their study medication with a negative saline control. The basis for this apparent preexisting hypersensitivity to components of the PROCRIT formulation is unknown, but may be related to HIV-induced immunosuppression or prior exposure to blood products.

Seizures: In double-blind and open-label trials of PROCRIT in zidovudine-treated HIV-infected patients, 10 patients have experienced seizures. In general, these seizures appear to be related to underlying pathology such as meningitis or cerebral neoplasms, not PROCRIT therapy.

OVERDOSAGE

The maximum amount of PROCRIT that can be safely administered in single or multiple doses has not been determined. Doses of up to 1500 U/kg TIW for 3 to 4 weeks have been administered to adults without any direct toxic effects of PROCRIT itself. Therapy with PROCRIT can result in polycythemia if the HCT is not carefully monitored and the dose appropriately adjusted. If the suggested target range is exceeded, PROCRIT may be temporarily withheld until the HCT returns to the suggested target range; PROCRIT therapy may then be resumed using a lower dose (see DOSAGE AND ADMINISTRATION). If polycythemia is of concern, phlebotomy may be indicated to decrease the HCT.

DOSAGE AND ADMINISTRATION

Prior to beginning PROCRIT, it is recommended that the endogenous serum erythropoietin level be determined (prior to transfusion). Available evidence suggests that patients receiving zidovudine with endogenous serum erythropoietin levels >500 mU/mL are unlikely to respond to therapy with PROCRIT.

Starting Dose: For adult patients with serum erythropoietin levels ≤500 mU/mL who are receiving a dose of zidovudine ≤4200 mg/week, the recommended starting dose of PROCRIT is 100 U/kg as an IV or SC injection TIW for 8 weeks. For pediatric patients, see PRECAUTIONS, Pediatric Use.

Increase Dose: During the dose adjustment phase of therapy, the HCT should be monitored weekly. If the response is not satisfactory in terms of reducing transfusion requirements or increasing HCT after 8 weeks of therapy, the dose of PROCRIT can be increased by 50-100 U/kg TIW. Response should be evaluated every 4-8 weeks thereafter and the dose adjusted accordingly by 50-100 U/kg increments TIW. If patients have not responded satisfactorily to a PROCRIT dose of 300 U/kg TIW, it is unlikely that they will respond to higher doses of PROCRIT.

Maintenance Dose: After attainment of the desired response (ie, reduced transfusion requirements or increased HCT), the dose of PROCRIT should be titrated to maintain the response based on factors such as variations in zidovudine dose and the presence of intercurrent infectious or inflammatory episodes. If the HCT exceeds 40%, the dose should be discontinued until the HCT drops to 36%. The dose should be reduced by 25% when treatment is resumed and then titrated to maintain the desired HCT.

STORAGE

Store at 2° to 8°C (36° to 46°F). Do not freeze or shake.

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Knock, Knock!!!

I've got so much to offer the community. So why don't you want it?

words by Blair-Robert

I can still recall that sweltering afternoon in June 1997 when I graduated from private boarding school. As I walked into the Bowl - the large, grassy area in the center of the campus - to receive my high school diploma, I smiled to myself and contemplated my immediate future. Yes, I was proud and excited to be starting college in a few months, but I was even more ecstatic about coming out as a young gay, African-American male. I had lived three years in a racially oppressive and homophobic environment, surrounded by people who were mostly white and upper-class elite, and finally I was going to be free at last! I couldn't wait to officially be part of the African-American gay community—to embrace, to learn, to advocate, to understand, to experience the life. Well, six years have passed since that time, and my great optimism has been transformed into stark disappointment.

> "When people within their already marginalized community consciously exclude and ostracize other people based on some perceived notion of 'whiteness,' it makes absolutely no sense. "

At age 18, I would have never imagined that the gay African-American community thrives on indifference and lack of acceptance of its own fellows. It is quite obvious that the African-American gay community is rich in diversity in terms of socioeconomic status, education, skin tones and other characteristics, and that people may gravitate towards people most like themselves. But when people within their already marginalized community consciously exclude and ostracize other people based on some regressive, perceived notion of "whiteness," it makes absolutely no sense. What ever happened to collectivity and empowerment? And don't go blaming the oppressive white patriarchical society, either.

For the past six years, I have been on a quest to affirm my identity and to ultimately be part of the African-American gay community. I've been very successful in accepting my own identity, and I celebrate it every day. But I feel extremely alienated from this community, and am on the verge of severing all ties. And that's sad. I'm an intelligent, articulate, attractive, college-educated, young gay African-American professional, and I have a lot to offer to my community. It seems as if many think otherwise, however. I have tried university social groups, public support groups for twenty- and thirtysomething males, the Internet, seminars, and other ways to meet people and to socialize, but unless I wanted to join a House, participate in a Ball, be on the DL, or have casual sex, I wasn't worth anyone's time.

> "Many gay African-Americans are complicit in their self-oppressed state and refuse to open their minds to something other than stereotypes."

Moreover, since I sometimes wear khakis and "preppy" shirts instead of the latest urban gear, I am perceived as being "bourgie" or "white," and am treated as an outcast or sell-out. I have spoken with other gay African-American men with a background similar to mine, and they are unequivocal about preferring white men or Asians. In fact, another gay African-American male told me I should consider socializing with and dating white or Asian men, because most gay African-Americans are complicit in their self-oppressed state and refuse to open their minds to something other than stereotypes. I have come to the sad realization that this guy was right.

The state of the gay African-American community is and has been very disheartening. Improving our collective condition and elevating to a higher, positive level should be paramount in our goals. There is extraordinary talent, knowledge and human capital within the community, but these resources are barely utilized. Instead, the community thrives on ignorance, dysfunctional behavior, and lack of acceptance. Knock, knock!!! When will the community get a clue? This isn't empowerment and unity. This is bullshit!!!

TALES OF WAR words by SANFORD GAYLORD

And ye shall hear of wars and rumors of wars: see that ye be not troubled: for all [these things] must come to pass, but the end is not yet.
- Matthew 24:6

As an American, born in the South and raised in what has become known as the world's richest nation and only superpower, I am no stranger to war. As I observe the daily reports of casualties in Iraq and have followed the military actions there and in Afghanistan, I am reminded even more of the war I have been fighting for the past two decades – the war on HIV.

The footage I have seen of combat in Iraq is truly bloody, and I grieve for the American and Iraqi combatants who have died and been injured. But for me the bloodiest war is this war on HIV, because it is constant and there is no foreseeable end. As a young adult, I was drafted into a war that was declared on humankind over twenty years ago. I was placed on the frontline over thirteen years ago when HIV invaded my body. I saw the tragedies of war as I lost one friend after another to HIV and attended tearless funerals and heard brimstone overtones from the pulpit. I have gone from youth to middle age with HIV inside of me. I am fighting a daily war, fighting for ground mentally and physically.

I thought I had been prepared for war. All of my life I have heard about rumors of war, been taught about war in school, and have seen war first hand. In my youth, coming of age during the Cold War, I was taught what to do in case of nuclear war. But you can never really understand the tragedy, horror, or impact of war unless you have experienced it or been a casualty yourself. It can leave you with mental and physical scars that seem as though they will never go away.

In the last two decades of the twentieth century, we saw war up close and televised as the world learned about HIV and the threat that it posed to humankind. Live footage of the Persian Gulf conflict gave us intimate details of war 24 hours a day. The 9/11 terrorist attacks shattered our complacency and denial and caused a rippling effect throughout the US and the world. It was a time where testing positive had a new meaning. In America, for a brief moment in time, the focus on our internal war went from AIDS to Anthrax.

> "When you are at war, the last thing you need is to be attacked by those on your side. Under the Clinton Administration, we were given tools that combated homophobia and to a degree had some acknowledgment that HIV/AIDS had become a critical issue."

But now that we are preoccupied with Middle Eastern conflicts, my concern has grown that we may have lost focus with a war at home that many of us have been fighting since the very beginning. War is not a pretty thing. When you are at war, the last thing you need is to be attacked by those on your side. Under the Clinton Administration, we were given tools that combated homophobia and to a degree had some acknowledgment that HIV/AIDS had become a critical issue. It took us years after the discovery of the virus to be acknowledged under the Reagan Administration.

Do you recall how, not long after George W. Bush took the office of President, that Chief of Staff Andrew Card informed us that the Office of National AIDS Policy that had been created under the Clinton Administration would be closed? The announcement sent a message that AIDS consciousness was no longer needed, and that was far from the truth, especially within communities of color.

Later, Bush released a statement saying that Mr. Card's

Continued on page 48

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Love

by Toni Morrison
Knopf 2003
review by
Carter Kason

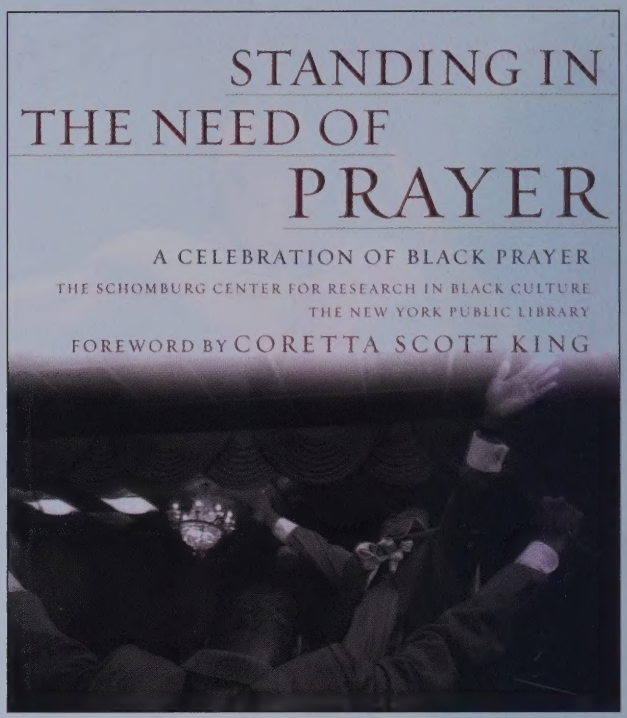
There is enough drama in *Love,* Toni Morrison's new novel, to fuel an entire film industry, much less a book or a movie adaptation. There is so much anguish and sickness here: rape (in many forms), murder, arson, fetishism, pedophilia, and so many other deviant acts that you ask the question: What kind of mind produces such insanity? A brilliant one, for sure. Brilliant, if a bit deranged.

Like most of Morrison's work, *Love* is full of deep, intelligent language. It may take more than one reading, perhaps, for one to understand exactly what she is saying in the book.

Love is situated in a pre-civil-rights era resort, a black-owned place for black patrons known as Cosey's Hotel and Resort, "the best and best-known vacation spot for colored folk on the East Coast." The plot is focused on Bill Cosey, the rich, (outwardly) classy proprietor, but "Love" is, at its core, the story of hate, the hate between three women central to Cosey's life who fight over his estate after his death.

These three women are Cosey's daughter-in-law, May; his granddaughter, Christine; and his widow, Heed. Christine and Heed happen to be the same age, because Cosey, at 52, married his "wifelet" when she was 11.

When readers take in the book's machination – those created by the main female characters and those taken in thanks to Morrison's use of language – they are of course appalled. But Morrison has been down this road before. Her body of work is full of surrealism, anguish, agony and horrific scenery. But so is the story of African Americans in general. People who have not experienced the culture often question why it is that black folk feel or do some of the things we feel or do. Toni Morrison doesn't explain it. But she gives shocking insights into why these realities may be so.


STANDING IN
THE NEED OF
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FOREWORD BY CORETTA SCOTT KING

Standing In the Need of Prayer

The Schomburg Center for Research in Black Culture
New York Public Library Free Press, $27.50

Standing In the Need of Prayer is a visual overview of the spiritual practices of African descendants from around the world. Drawing from the photo resources of the Schomburg Center for Research in Black Culture, "*Standing*" shows black folks at their most triumphant and their most vulnerable; at the most important times of their lives, doing what is needed – praying – in order to make sure their pathway through this world and the next would be the safest.

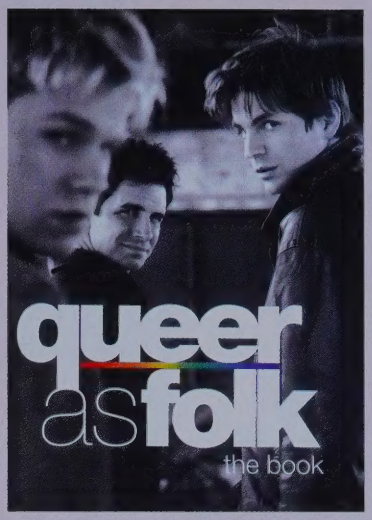
Stunning photographs of cultural and spiritual leaders such as Malcolm X, Rev. Jesse Jackson, Florence Griffith Joyner and Johnnie Cochran are interspersed with those, no less stunning, of normal Christians, Muslims, Jews and devotees of Santeria, Candomble and other African-based faiths, praying.

Of course, there must be prayers with pictures of prayer. Interspersed with the photos are prayers written by Dr. Martin Luther King Jr., James Baldwin and W.E.B. du Bois. The

most impressive, poignant prayers, though, are those that were not originally written, prayers from the Qur'an, the Bible and traditional Yoruba belief.

It is very important that in a multicultural, international world, the images and worldviews of Africans from America and all areas of the Diaspora are included. Too often, when academics and laymen think of black culture, they tend to be limited to the African-American contribution.

But Africa is everywhere, and Africans are everywhere. Standing In the Need of Prayer reflects this knowledge. Interspersed with photos of African Americans in Southern and urban churches are devout Ethiopians in remote monasteries. Black men locked up in prison kneel in their D.O.C. suits as their chaplains hold Sunday services. A lone Rastafarian looks on in rural Caribbean repose. Africa is everywhere, and Africans are everywhere. And where they are, they pray to a God who is also everywhere.



Queer As Folk the book

by Pocket Books
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If you've enjoyed the recent Showtime cable network series Queer As Folk, you can have it on your coffee table. Like the show, the book is a realistic, funny look at the lives of nine gay men and women living in Pittsburgh.

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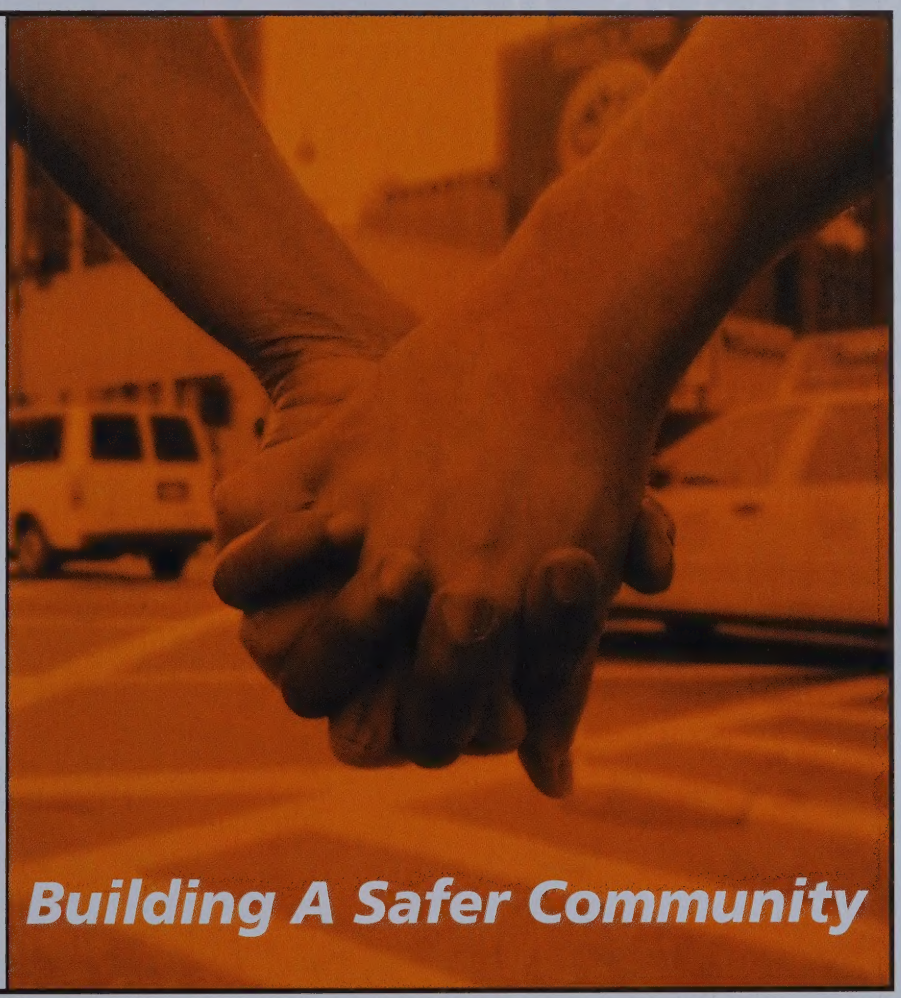

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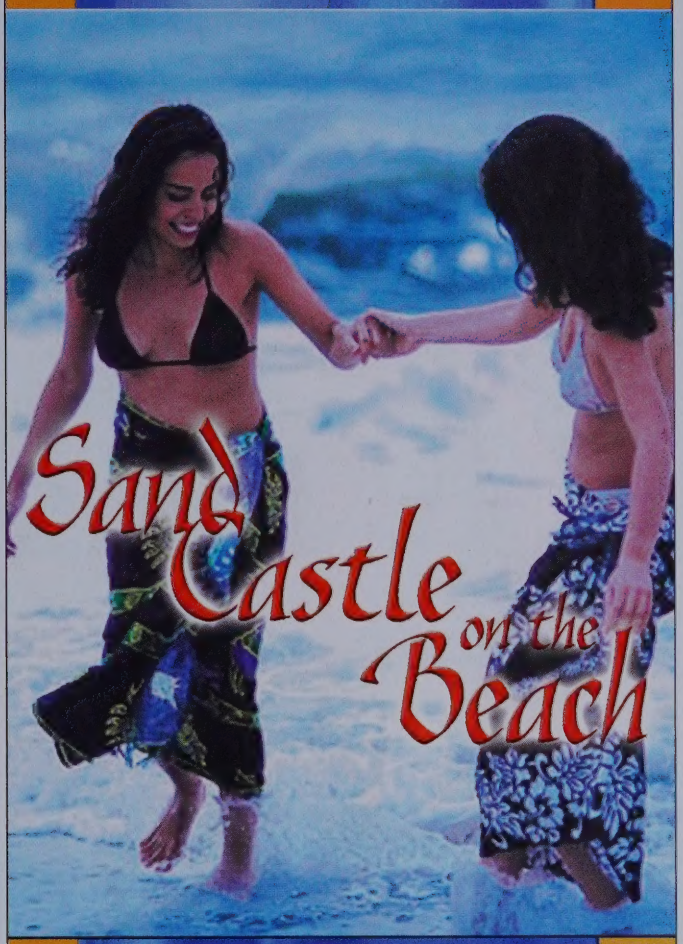

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Southern Comfort Recipes

Bon Voyage
1 oz Southern Comfort
1 oz Tequila
1/2 oz Amaretto
Pineapple Juice
Orange Juice

Fill tall glass with ice. Add Southern Comfort, tequila and amaretto. Fill remainder of glass with equal parts pineapple and orange juice and stir.

Southern Scream
1-1/2 oz Southern Comfort
Cranberry Juice

Fill tumbler with ice. Squeeze lime wedge over ice and add Southern Comfort. Fill with cranberry juice. Garnish with a lime wedge.

Tales of War Continued from pg. 38

statement had been made in error. I never stopped wondering how much truth there was in the initiative to close the office in the first place. I also wondered what would have happened if activists hadn't gone on red alert and raised hell about the statement and implications behind such a move from a fundamentalist Christian President.

Many organizations that are involved with programs targeted to prevent the spread of HIV are under attack. Many of these organizations rely primarily on funding from the federal government. Grant applicants who work with the National Institutes of Health have been informed that phrases such as "men-who have sex with men, anal sex, gay, lesbian or transgender" will be looked upon unfavorably. But how can you apply for money when you can't be specific about the populations that are most affected? Must we live in gilded cages of shame?

Every war, with its loss of life, dignity, justice, and civil liberties, affects all of humankind. People of color are now at greatest risk globally for HIV/AIDS. I pray my nightmares about the extinction of entire races of people does not become a reality in my lifetime. There is no country on the planet that has reported a case of HIV that can say that they have stopped the spread. At best they can only say they have slowed its advance on humankind.

Since the second war in Iraq concluded, the office of Homeland Security has raised its terror alert to the second highest level because of renewed risk of terrorist attacks. What about having a security advisory system on HIV/AIDS? If we had that, it would be at the highest level. Recent data from the Centers for Disease Control indicates that there are close to 950,000 individuals living with HIV in the US and that a quarter of those may not be aware of their HIV-positive status.

There are also an estimated 40,000 new infections a year. In these days, how many people don't know of at least one person who has been infected or affected by HIV/AIDS? What do we do as a superpower when we don't have men or women to fight for our freedom, our lives, and those of our children? What do we do when we need to liberate some oppressed people or continue the war on terrorism and can't because we've lost men and women to the War on AIDS on our own soil, maybe by our own hands?

REACH

HEROES IN THE STRUGGLE

Gala Reception Honors Nine African-American AIDS Warriors

LOS ANGELES, CA Saturday, December 13, 2003, The Black AIDS Institute unveiled portraits of the 2003 Heroes in the Struggle at a gala reception, silent auction and awards presentation held at Paramount Studios in Los Angeles. Heroes in the Struggle is a photographic tribute to people of African Descent who have made heroic contributions to the fight against HIV/AIDS. This year's heroes include singer Patti LaBelle, Congresswoman Donna M. Christensen, Rev. Edwin Sanders II, Dr. Robert Scott, Sylvia Drew-Ivie, Rev. Rae C. Lewis-Thornton, and AIDS treatment activist, Saundra Johnson. Media giant Viacom, Inc. will receive this year's corporate award. In recognition of the global impact of the AIDS pandemic and the need for African-Americans to be more involved in the global pandemic, the Institute has added a new "Global Hero" award. This years honorees include South African treatment activist and founder of the Treatment Action Campaign Zackie Achmat and former U.S. Congressman Ron Dellums. Award winning actress Sheryl Lee Ralph and actor Hill Harper will be the mistress and master of ceremonies. Others scheduled to appear include Mo' Nique (the Parkers), Rockmond Dunbar (Soul Food), Emmy award winning producer and director Paris Barclay, Michael Chinyamurindi (West Wing, ER) and more. This years photographers are Kwaku Alston, Barron Claiborne, Duane Cramer, Darien Davis, Jim Dennis, Greg McNeal and Matthew Jordan Smith, seven of America's most celebrated Black photographers.

AIDS is the leading cause of death for African-Americans between the ages of 24 and 44. 55% of new AIDS cases in the U.S. are in the Black community. 63% of women with AIDS in the U.S. are African-American women, 67% of all children with AIDS in the U.S. are Black, and over 30% of gay and bisexual men with AIDS are Black.

The Black AIDS Institute is the only national public policy organization in the United States focused exclusively on HIV/AIDS among Black people. Its mission is to reduce the HIV/AIDS health disparities between people of African descent and other racial ethnic groups by mobilizing Black institutions and individuals in efforts to confront HIV/AIDS in local communities. The Institute develops and interprets public and private sector HIV policies, conducts trainings, offers technical assistance, disseminates information and provides advocacy from a uniquely and unapologetically Black point of view.

"No matter how we divide it up – locally, nationally or globally – this epidemic is disproportionately devastating people of African descent. Everyday nearly 10,000 people die from AIDS and the majority of them are Black," says Phil Wilson, executive Director of the Black AIDS Institute.

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Florence Mills

Singer, Dancer, Comedien

1895-1926

Florence Mills was born Jan. 25, 1895 in the Washington DC/Northern Virginia area. Her birth location and the details of her early life are somewhat uncertain. We know that she was considered to be a child prodigy and was winning dance competitions as a toddler. At the age of 4 she was featured in the show "A Trip to Coontown." She made her first stage appearance at 8 in Williams and Walker's "Sons of Ham" in Washington, billed as Baby Florence Mills and sang "Miss Hannah from Savannah," a song she learned from Aida Overton Walker. Her family then moved to New York, where Florence and her two sisters, billed as the Mills Trio, worked in vaudeville. She played vaudeville until she was 25, teaming up with performers such as Ada "Bricktop" Smith and Cora Green.

Mills received her first star billing when she replaced Gertrude Helen Saunders as a lead player in the popular revue "Shuffle Along," by Eubie Blake and Noble Sissle. After leaving that show, she toured in Europe. In 1926 she starred in "Blackbirds" at the Alhambra Theatre in New York. The show's theme, "I'm a Little Blackbird Looking for a Bluebird," became a hit for Mills. She sang the song in a trademark high-pitched voice. "Blackbirds" subsequently had an extended run in Paris and London, and Mills returned home an international star.

Her life as a star was tragically short-lived, however. In the fall of 1926, Mills contracted appendicitis and died. Her funeral was one of the most spectacular in Harlem's history. More than 5,000 people packed the Mother Zion AME Church, and 100,000 more lined the streets. As the funeral procession moved down 145th Street, a low-flying airplane released a flock of blackbirds. Critics hailed the artistry of Florence Mills, a young star at the height of her fame, for many years after her death.

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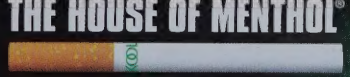

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